

a Johnson-Johnson company SCHOLARSHIP APPLICATION

Student:							
(Full name) SS #Date of Birth:							
Home Address:							
Home Phone:	Cell Phone #						
I live with: (circle one) both p	parents mother	father	other				
Father's name:							
Occupation: Place of Employment:							
Mother's name:							
Occupation:	cupation: Place of Employment:						
Father's Income:							
Are you currently employed part time?	If so, whe	re and number of ho	urs you work per week:				
Employer:		Hou	rs worked/week:				
High school GPA: Class	ss rank:	SAT-V:	SAT-M:				
Chemistry Grade:	Biology Grade:	AP-Bio	ology Grade:				
College attending next year:							
Mailing address of college:							
Phone # of College Financial Aid Office:		Contact/Advisor:					
Career Aspirations:(must be media	ical related)	My intended n	najor:				

Note:

The intent of the local ETHICON scholarship program is to encourage and support Habersham Central High School students that are planning to pursue a <u>career in the healthcare industry</u>. Students must have applied and been accepted to a college and plan to become a full-time student immediately after high school. Scholarship awards are determined based on career aspirations, GPA, SAT, affiliation with ETHICON, and need.

ETHICON SCHOLARSHIP ESSAY FORM

We make every effort to fairly evaluate each application in determining the \$2000 scholarships awarded each year. For us to better assess the applicants, we require a one-page essay describing your experiences, inspirations, background, or people that have influenced you in choosing to pursue a health care related career.

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