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## JOE B. JOHNSON HEALTH INITIATIVE and SCHOLARSHIP

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Chair – Sheila Johnson

Luanna Moore

Jeremy Johnson

Christopher Johnson

Andrew Johnson

# Joe B. Johnson Scholarship Criteria 2024

The above-named scholarship award has been established to continue the desire of Mr. Johnson; that all youth be given the opportunity to live a healthy lifestyle, physically, socially, and especially mentally. And, that this opportunity be facilitated by caring adults, such as educators, youth leaders and athletic coaches.

This scholarship provides a one-time \$1000 award, annually, to one deserving student choosing to pursue a career in Health and Physical Education, Athletic Training, Exercise Science, or other Health Related field of study. \*

### Eligibility

Applicants for this scholarship must be planning to attend an accredited institution of higher learning offering a Health discipline.

Applicants must have a minimum of 2.5 cumulative GPA (4.0 Scale).

Applicants must be a Senior at one of the Randolph County, WV High Schools.

### Deadline

The completed application deadline is April 16, 2024, and must be to the school guidance office by 3:00 p.m. this day. The presentation will be on the Senior Award Day at the recipient's school.

### Award Criteria

The recipient of the scholarship award will be chosen through a process that evaluates the following:

Applicant's GPA

Applicant's Financial Status

Applicant's Essay

Applicant's Organization, Extra Curricular and Civic Involvement and/or Work Experiences



**JOE B. JOHNSON HEALTH INITIATIVE and  
SCHOLARSHIP**



**Chair – Sheila Johnson**

Debbie Fincham      Luanna Moore      Michael Johnson      Amanda White  
Aaron Johnson      Jeremy Johnson      Christopher Johnson      Andrew Johnson

**APPLICATION 2024**

**(Please Print Your Responses)**

**IDENTIFICATION**

1. Student Applicant-	Last Name	First Name	Middle Initial
2. Home Address-	Street	City	State      Zip Code
3. Telephone Number		4. Place of Birth	
5. Date of Birth	Month	Date	Year      6. Social Security Number
7. Name and Address of Parent or Guardian			

**EDUCATION**

8. List in chronological order all high schools attended in the last two years.			
Name of School	Location	Course of Study	Dates attended From      To
Name of School	Location	Course of Study	Dates attended From      To
9. SAT or ACT Score	10. Cumulative GPA	11. Number of Honors or AP Courses Taken	
12. Colleges or Schools for which you have applied for admission			
Name of School	Location	Field of Study	Have you been Accepted? Yes      No      Unknown
Name of School	Location	Field of Study	Have you been Accepted? Yes      No      Unknown

**HONORS AND ACTIVITIES**

13. Honors and Awards: On a separate sheet of paper, list and describe any scholastic honors and awards you have received while in high school.
14. Activities: On a separate sheet of paper, list and describe any extra-curricular activities in which you have participated, including scholastic, cultural, religious, athletic, civic or community service.

**INCOME AND EMPLOYMENT**

15. Are Your Parents/Guardian Employed? Yes _____ No _____	16. Please List Total Annual Family Income: \$ _____
17. Are You A Dependent Of Your Parents? Yes _____ No _____	18. Do You Anticipate Receiving Financial Aid? Yes _____ No _____
19. Employment: On a separate sheet of paper, list your employment history, including the names and addresses of employers and dates of employment.	

**ESSAY: HEALTH and EDUCATION RELATED OCCUPATIONS**

20. Essay: In a developed essay of no fewer than 750 words, and on a separate sheet of paper, explain how this scholarship will enable you pursue an education and possible career in health and/or education related occupations. Please include why you believe you are the best candidate for this scholarship this year.

**STATEMENT OF UNDERSTANDING**

I certify that everything I have stated and reported in this application is correct to the best of my knowledge at this time. I understand that the Joseph B. Johnson scholarship committee will retain this application and its enclosures whether-or-not I am successful in receiving a scholarship. I further agree that the decision of the Joseph B. Johnson Scholarship Committee will be final.

_____	_____
Applicant Signature	Date of Applicant Signature
_____	
Printed Name of Applicant	
_____	_____
Signature of Parent/Guardian	Date of Parent/Guardian Signature

\*Discontinuation is at the discretion of the family and fiscal agent and/or the Joe B. Johnson Health Initiative and Scholarship Committee  
 Fiscal Agent: Randolph County WV 4-H Foundation, Inc., through the WVU Foundation  
 Contact Information: c/o 1 Sayre St., Elkins, WV 26241-4700 or 304-614-3659