



Dear Scholarship Applicant:

In honor of Julie Johnson, the Friends of Welaka present the Julie Johnson Scholarship. Julie Johnson was a woman of incredible positivity, full of love and charity, always there to help others. The purpose of a Friends of Welaka Julie Johnson Memorial Scholarship is to assist you in furthering your educational interests beyond your high school degree or to assist you in improving your employability skills.

The following conditions apply for a Friends of Welaka Julie Johnson Memorial Scholarship:

1. The Scholarship is \$1,000 for the 2025-2026 academic year.
2. The Scholarship cannot be held over, extended or postponed beyond the period for which it is originally granted.
3. No part of the scholarship is to be used to defray the expenses of any person other than the scholar.
4. The Scholarships are available for Putnam County residents in these Zip Codes only: 32112, 32139, 32157, 32181, 32187, 32189 and 32193. Proof of residency is required.
5. Selected applicants will interview with the Scholarship Committee.

In order to apply, please return the following completed materials:

1. The Scholarship Application, including written responses, on separate pages, to the essay questions.
2. Two completed Recommendation Forms from a teacher, employer, or other individual who is not a parent or relative that has knowledge of your academic background or skill level.
3. Completed Academic Background Form. Your high school guidance counselor should complete this form if you have graduated high school in the last two years. If you graduated more than two years ago, provide proof of high school diploma or equivalent.
4. A copy of your high school or college transcripts (unofficial copies are acceptable).
5. Proof of residency within the above zip codes with a state issued ID or other verifiable form.
6. Return all application materials to: Friends of Welaka, Scholarship Committee, P.O. Box 33, Welaka, FL 32193, or [board@friendsofwelaka.com](mailto:board@friendsofwelaka.com), by March 31, 2025.

Completeness, timeliness, and quality of application will be included in our consideration. We congratulate you on your decision to further your education and wish you continuing success.

Sincerely,

Friends of Welaka Julie Johnson Memorial Scholarship Committee



In our inaugural year for the Julie Johnson Memorial Scholarship, the Friends of Welaka are excited to award two deserving applicants each a \$1000 scholarship.

Only completed Scholarship applications will be considered. A completed Scholarship packet includes an application with autobiography, two letters of recommendation, academic background form (only required for current high school seniors), proof of residency, and copies all academic transcripts. Please mail or email your Scholarship packet to:

Friends of Welaka  
Julie Johnson Memorial Scholarship Committee  
P.O. Box 33  
Welaka, FL 32193  
[board@friendsofwelaka.com](mailto:board@friendsofwelaka.com)

**STUDENT INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_

Student ID \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (for minors only)**

Name \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Which vocational school, community college, or university do you plan to attend (list all your choices)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HONORS AND AWARDS**

List honors and awards that you have received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ADDITIONAL INFORMATION**

What other financial aid or scholarship will/do you expect to receive?

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Please list any extracurricular activities:

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Please list any community service activities:

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Are you a returning Julie Johnson Scholarship applicant?

 Yes No

Have you ever received a Julie Johnson Scholarship?

 Yes No

**REQUIREMENTS AUTOBIOGRAPHY**

(500 words or less)

A brief autobiography describing your academic strengths and weaknesses, work experience, career objectives and other significant events in your life. Also, please include why you are applying for a scholarship; what your proposed field of study will be and how this relates to your career objectives; and what needs/challenges would this scholarship help you meet?

**TRANSCRIPTS**

Provide copies of academic transcripts for high school or post-secondary education (unofficial transcripts are acceptable).

**ATTESTATION:**

I certify that all information in this application is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Recommendation Form

Directions: The individual(s) you asked to complete this recommendation should be informed of your intentions and the purpose of a Julie Johnson Memorial Scholarship. This form must be returned to you for inclusion in your application packet.

Name of Applicant: \_\_\_\_\_

Proposed Field of Study: \_\_\_\_\_

1. How well, how long and in what capacities have you known the applicant?
  
2. Rate are the applicant's commitment to his/her is proposed field of study?
  
3. In comparison with other students whom you have known at comparable stages of their careers, how would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave mark as N/A:

	Excellent	Very Good	Average	Below Average
Self-Discipline				
Seriousness of Purpose				
Enthusiasm				
Adaptability				
Maturity				
Emotional Stability				
Communication				

Is this information to be treated as confidential? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Date: \_\_\_\_\_

