



James B. Johnson Scholarship Application

Scholarship Application must accompany the Program Application

“Leadership Hillsborough develops leadership skills, and challenges participants to grow and expand their knowledge of the diverse dynamics, issues, challenges, and opportunities that impact their work and our community.”

James B. Johnson

- ✓ DEADLINE for scholarship applications is **June 30, 2024**.
- ✓ Please include all required information when submitting Scholarship Application. Incomplete applications will not be considered.
- ✓ Type or print legibly. Illegible applications will not be considered.
- ✓ An interview with the Scholarship Committee may be scheduled with the applicant.
- ✓ If you have any questions about the application, please e-mail the Board Chair at Board@LeadershipHillsborough.org

PURPOSE:

The Leadership Hillsborough James B. Johnson Scholarship award was established to honor one of the long-time dedicated members of Leadership Hillsborough. Mr. Johnson served on the Leadership Hillsborough Board for more than 15 years. He is a beloved community member and a pioneer to the Hillsborough County community, volunteering his efforts on multiple boards and making an impact. The intent of this scholarship is to provide financial assistance to individuals that wish to participate in Leadership Hillsborough, but may be unable to pay the full cost for tuition.

FINANCIAL ASSISTANCE if awarded may or may not cover full tuition.

SCHOLARSHIP AWARDS:

Leadership Hillsborough awards scholarships through a comprehensive review and award process. Areas that are reviewed by the review committee include, but are not limited to: Financial need, demonstrated community service, and references that can support the applicant’s leadership experience and potential. The Leadership Hillsborough James B. Johnson Scholarship is awarded without regard to race, color, ethnicity, gender or sexual orientation.

CRITERIA:

- Scholarship Applicants must commit to attending ***all*** seminar days, overnight retreats, and other events in support of the program. Absences may be excused by a member of the Executive Committee for emergencies or illness. If you are removed from the program due to absences, the applicant may be required to repay the scholarship.
- Applicants must demonstrate financial need, commitment to the community, and the Leadership Hillsborough program.



Please e-mail the completed application to Board@LeadershipHillsborough.org with the subject: "ATTN: Leadership Hillsborough James B. Johnson Scholarship Committee"

SCHOLARSHIP APPLICATION		
1	Last Name:	First Name:
2	Organization:	Title:

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FINANCIAL NEED STATEMENT: Please explain your need for a James B. Johnson Scholarship assistance.

4	<p>LEADERSHIP: Please briefly describe why you feel you are most deserving of the James B. Johnson scholarship and how this opportunity will help you to propel your personal and professional career. Please list community organizations you are a part of, volunteer service, community support, or religious organizations in which you are now active or have previously been active, and your commitment to improving the Hillsborough County community.</p>
5	<p>The following items must be attached to this application to qualify to be reviewed by the scholarship committee. Your application will not be reviewed if these items are not attached to this application. (No exceptions.)</p> <p>SCHOLARSHIP APPLICANTS MUST PROVIDE:</p> <ul style="list-style-type: none"> • Completed and signed application form. • One Letter of reference (in addition to reference required for Program Application) from an employer and/or other community member.
6	<p>Please email Reference letter(s) with the completed application to:</p> <p style="text-align: center;">Board@LeadershipHillsborough.org with the subject: “ATTN:Leadership Hillsborough James B. Johnson Scholarship Committee”</p>

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Leadership Hillsborough James B. Johnson Scholarship Committee is true, correct and without forgery.

I hereby understand that if chosen as a scholarship recipient, according to scholarship policy, I must commit to attending each scheduled seminar day.

Signature of scholarship applicant: _____ Date: _____