



“I’m going to change the world by loving on people.”



## Scholarship Application

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_  
\_\_\_\_\_

Scholarship Amount Requested \_\_\_\_\_

Reason for Scholarship (include total cost or expense of activity) Please include a separate page for narrative.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Pastoral Reference \_\_\_\_\_

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**Please mail (or fax) this form to:**  
**Tiffany Johnson Memorial Fund**  
**c/o Minnesota District Council A/G**  
**1315 Portland Avenue South**  
**Minneapolis, MN 55404**  
**Fax : 612-332-2510**

**Scholarship awards will be paid to sponsoring organization.**