



**The Michael D. Johnson Memorial Foundation  
Athletic Scholarship**

**“In Loving Memory of Mike”10-27-1986 to 06-04-2005**

The Michael D. Johnson Athletic Memorial Scholarship was established under The Michael D. Johnson Memorial Foundation to award a monetary scholarship to an athletically talented graduating senior. The recipient will be academically talented and possess a true spirit for long term career growth and prosperity. All funds shall be used to aid the recipient in furthering their studies by being used towards enrollment at a four-year college/university or community college. The recipient must be currently enrolled in a high school sponsored Varsity Athletic Program, but it is optional for the scholarship winner to be enrolled in a college/university or community college athletic program to be eligible for this scholarship.

**ELIGIBILITY**

Candidates for consideration for Michael D. Johnson Athletic Memorial Scholarship must:

- Be a graduating Senior in the Jackson Public School (JPS) System (Jackson, MS)
- Be a member of a school sponsored Varsity Athletic Program
- Have an overall 2.5 or higher GPA
- Be a Metro Jackson resident

**APPLICATION PACKET- MUST INCLUDE ALL ITEMS LISTED BELOW**

- Three (3) Recommendations/Letter of Reference (not to include immediate family)
- Minimum of 20 Hours of Volunteer Community Service (may be substituted with three (3) months of employment during senior year)
- Each applicant must complete an essay (minimum of 250 words, maximum of 500 words) stating why you should be selected to receive this scholarship. This essay should also include why you like and chose the sport of your choice.
- Please return **COMPLETED** application packet to: [mdjohnsonfoundation@gmail.com](mailto:mdjohnsonfoundation@gmail.com)  
(If you have any questions, please email or call 769-208-6601.)

**ATTENTION!!! APPLICATION(S) RECEIVED AFTER THE DEADLINE & INCOMPLETE APPLICATION(S) MISSING ANY ITEMS FROM THE APPLICATION PACKET, WILL NOT BE ACCEPTED.**

**SELECTION PROCESS**

The deadline for applicants to apply is: **April 30<sup>th</sup>**. Applications can be submitted by the applicants, JPS Athletic Director, Head Coaches, Teachers, and/or Counselors by **April 30<sup>th</sup>**. The scholarship winner will be selected by **May 15<sup>th</sup>**. The scholarship winner will be presented with the scholarship at the annual Michael D. Johnson Memorial Foundation Walk/Run the **FIRST SATURDAY IN JUNE @ the Michael D. Johnson Memorial Field (located off Lakeland Drive @ Smith-Wills Stadium)**.

**AWARD**

The Michael D. Johnson Athletic Memorial Scholarship will be given in two separate installments of \$750 each per semester. Applicant(s) must provide proof of college enrollment to receive initial \$750 scholarship for 1<sup>st</sup> semester & provide proof of college enrollment to receive balance of scholarship (\$750) for 2<sup>nd</sup> semester with a minimum 2.5 GPA or higher. Applicant must also provide a written detailed letter (via email) to The Michael D. Johnson Athletic Memorial Scholarship Committee@ [mdjohnsonfoundation@gmail.com](mailto:mdjohnsonfoundation@gmail.com) and [vcrawf@gmail.com](mailto:vcrawf@gmail.com) outlining the use of scholarship monies by December 31<sup>st</sup> for 1<sup>st</sup> semester funds, & by May 31<sup>st</sup> for 2<sup>nd</sup> semester funds.

**This scholarship must be used to assist the recipient in furthering their studies to a college, university, or community college of their choice.**



**The Michael D. Johnson Athletic Memorial Scholarship (continued...)**  
**SCHOLARSHIP APPLICATION**

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Nickname or another name used: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: **Mississippi**  
 Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Facebook address: \_\_\_\_\_ Snapchat: \_\_\_\_\_  
 Twitter address: \_\_\_\_\_ Linked In: \_\_\_\_\_  
 Another social network address: \_\_\_\_\_

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**PARENT(S)/GUARDIAN**

**Father's Full Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     Street                                    City                                    State                                    Zip Code  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     Street                                    City                                    State                                    Zip Code  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Guardian's Full Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     Street                                    City                                    State                                    Zip Code  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

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**The Michael D. Johnson Athletic Memorial Scholarship (continued...)**

*On a separate sheet, please write a concise essay of 250 words or maximum of 500 words (typed, double spaced) stating why you should be selected to receive this scholarship. This essay should also include why you like and chose the sport of your choice as well as any additional information which may assist the selection committee.*

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***Please attach your essay to this application.***

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***List three (3) references, other than members of your family: (one academic, one athletic, one community):***

1. Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Reference type: (academic, athletic, or community): \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Reference type: (academic, athletic, or community): \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Reference type: (academic, athletic, or community): \_\_\_\_\_

*I hereby state that the information contained in this application is true and correct to the best of my knowledge. And that I have completed all sections of the application, including providing social media information. Failure to provided true and accurate information will result in disqualification of the application (applicant).*

\_\_\_\_\_  
 Applicant Signature Date

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

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

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