

Amber L. White Memorial Scholarship

Selection Criteria

1. This scholarship was established in 2003 in memory of Amber White who served as Bugler for the Johnson County Honor Guard while a student at Johnson County High School and during her first year at East Tennessee State University. At the time of her death in 2002, at age 19, Amber was a certified Emergency Rescue Technician pursuing a Nursing Degree with plans to become a Flight Nurse.
2. The purpose of this scholarship is to assist a Johnson County High School graduate who desires to continue his or her education as a full-time college student in an accredited two, three or four year health services program.
3. The scholarship is a one-time (non-renewable) award to the recipient.
4. This year's scholarship totals \$500.
5. Scholarship notification will be made at a Johnson County High School ceremony as deemed appropriate by the Honor Guard.
6. Payment of the actual monetary award will be made to the school being attended when the student presents a receipt verifying enrollment in college to the Johnson County Honor Guard Treasurer. The scholarship will be forfeited if the student fails to contact the treasurer by October 15.
7. If for any reason the student's status changes from full-time to part-time prior to receipt of the monetary payment, the student must contact the Johnson County Honor Guard treasurer with an explanation of the change in status. The JCHG Community Education Committee will then decide if the student is still eligible for the scholarship.
8. If the scholarship recipient does not enter college the first fall after graduation or forfeits through non-proof of enrollment, the runner-up for the scholarship will receive the scholarship and be properly notified.
9. Selection criteria may include the following:
 - a. Financial need
 - b. Character
 - c. Academic achievement
 - d. Leadership
 - e. Civic / extracurricular activity involvement
 - f. Plans for continued education
10. The selection committee for this scholarship consists of members of the Johnson County Honor Guard and the White family or their designees.

The application must be filed with the Johnson County High School Senior Counselor (Ms. Davis) no later than Monday, April 5, 2021.

Amber L. White Memorial Scholarship

Application for JCHS Seniors

Name_____

Address_____

Phone Number_____

Parent(s)/Guardian(s)_____

Father's employer, his position, etc._____

Mother's employer, her position, etc._____

Parent(s)/Guardian(s) gross income last year_____

Number of dependent children in family and age of each_____

What is your intended major field of study in college_____

What specific health care field will you pursue upon college graduation_____

What are your reasons for seeking financial aid_____

What other funding assistance (ex. Financial aid, other scholarships) have you applied for_____

To which schools have you applied_____

To which schools have you been accepted_____

Current GPA_____

ACT Score_____

List your high school honors and awards_____

List your community, school, and church activities/achievements in the last four years_____

List any part-time or full-time work experience_____

Please provide general information about yourself, such as background, educational goals, professional aspirations, interests and other information that will be of benefit to the scholarship selection committee_____

Please provide the following:

- Three (3) letters of recommendation (two from school faculty, one from non-family member)
- Certified transcript of high school grades
- Close-up picture that would be suitable for newspaper publication

The information provided in this application is true to the best of my knowledge:

(Signature of Applicant)

(Date)

*Scholarship application must be received in the JCHS Counselor's Office (Ms. Davis) no later than Monday, April 5, 2021.