



The Altrusa Betty Johnstone Scholarship for a Student in Transition

In 2021, Altrusa International of St. Augustine, Inc. will award a \$500.00 scholarship to a student attending First Coast Technical College

Qualifications

The applicant must:

1. Be a U.S. citizen, and a resident of St. Johns County for at least one year.
2. Have received a high school diploma or G.E.D. and be a full-time student.
3. Provide information regarding any financial assistance currently being received.
4. Provide two letters of reference: one personal (not a relative) and one professional (teacher, school administrator, or professional mentor). If currently employed or doing volunteer work, provide a letter of reference from a supervisor or manager in lieu of the personal letter.
5. Be available to attend a future meeting of the Altrusa Club.

Deadline to Submit Completed Application and Letters of Recommendation:

1 PM on Tuesday, November 16, 2021

**Submit to:
FCTC Education Foundation
St. Augustine Campus
2980 Collins Avenue
St. Augustine, FL 32084
Fax – (904) 547-3386
or email to Foundation@FCTC.edu**

**Scholarship funds may be used for tuition and/or career expenses.
Incomplete applications will not be considered.**

Recipients of this scholarship will be informed of our decision no later than December 3, 2021
Questions? Please contact Mimi Cooper, Scholarship Chair
mimicooper@verizon.net

The Altrusa Betty Johnstone Scholarship

Application

NAME: _____
Last First M

HOME ADDRESS: _____
Street City ST ZIP

TELEPHONE: _____
Home Cell

EMAIL ADDRESS: _____

AREA OF STUDY: _____ GPA: _____

START DATE: _____ EXPECTED COMPLETION: _____

LIST PRIOR SCHOOL AND COMMUNITY OR VOLUNTEER ACTIVITIES, HONORS & AWARDS:

EMPLOYMENT HISTORY (Beginning with the most recent):

EMPLOYER ADDRESS DATES (from/to) POSITION

REQUIRED ESSAY: Attach a 1 to 2 page essay describing your personal and educational goals. Tell us why you should receive this scholarship. Include any information that will help us with our decision.

Are you currently receiving other financial aid? _____ Yes _____ No

_____ I acknowledge that this application will be shared with the ABJS Committee.

STUDENT SIGNATURE: _____ DATE: _____