

**STATE UNIVERSITY SYSTEM OF FLORIDA**

**2020-2021**

**THEODORE R. AND VIVIAN M.**

**JOHNSON SCHOLARSHIP\***

**Application for Returning Johnson Scholars**

IMPORTANT: READ AND RETAIN A COPY FOR YOUR RECORDS

**DEADLINE FOR APPLICATION MATERIALS  
TO BE RECEIVED BY THE  
UNIVERSITY(IES): APRIL 1, 2020**

**\*This program is contingent upon annual funding by the  
Johnson Scholarship Foundation and matching funding by the  
Florida Legislature**

The Johnson Scholarship, funded by the Johnson Scholarship Foundation, is a competitively awarded program, which is available to undergraduate students with disabilities enrolled in a State University System of Florida (SUS) institution. Students must meet the following requirements to be considered for scholarship selection:

- Be a Florida resident for tuition purposes, based on Section 1009.21, Florida Statutes. (Students who receive the out-of-state fee waiver are not eligible as they are not residents for tuition purposes);
- Be seeking a first baccalaureate degree;
- Complete a Theodore R. and Vivian M. Johnson Scholarship Application;
- Meet academic requirements;
- Provide documentation of the nature and/or extent of a disability; and
- Submit a Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA form by the required deadline and be determined to have unmet fiscal need. Students may submit a FAFSA at <https://fafsa.edu.edu>. Confirm that the Federal School Code for your university is designated so that the university has access to your results.

#### **IF SELECTED, RECIPIENTS MUST:**

- Complete and return an acceptance form or contact the appropriate institution representative (listed at the end of the application) by the date specified on your notification letter. Failure to return the acceptance form by the specified date will result in forfeiture of the award;
- Complete a minimum of nine (9) credit hours each semester;
- Adhere to the minimum 2.0 cumulative grade point average requirement of this program; and
- Continue to have unmet financial need based upon FAFSA.

#### **APPLICATION PROCEDURES:**

If you apply for admission at more than one SUS institution, submit completed Johnson Scholarship application materials to each university. The application should be sent to the contact person listed at the end of this form. Applications and any required supporting materials must be ***received by the institution(s) no later than April 1, 2020.***

#### **NOTIFICATION**

All applicants will be notified of their status as Johnson Scholarship recipients, alternate award candidates, or as students who were not selected. Notification letters will be mailed in July to the permanent address, which is specified on the application form.

#### **AWARD PAYMENT**

After verification of enrollment, the university will disburse the award on a prorated basis each academic term to eligible Johnson Scholarship recipients. The dollar amount of the 2020-2021 awards is contingent upon the level of funding from the Johnson Scholarship Foundation and the Florida Legislature.

**FOR ADDITIONAL INFORMATION:**

Call or write the appropriate university representative listed at the end of the application.

**State University System of Florida  
Johnson Scholarship  
funded by Johnson Scholarship Foundation  
2020 – 2021 Renewal Applicant Form**

**This form and supporting application materials must be received by the appropriate State University System of Florida (SUS) institution no later than April 1, 2020.** Incomplete applications will not be considered. If you choose to apply to more than one SUS institution, you must submit complete application materials to each. Addresses are listed at the end of this form. You may e-mail the form, but remember to also send any supporting information.

**All applicants** must also complete a 2020– 2021 Free Application for Federal Student Aid (FAFSA) form or Renewal FAFSA form on-line or mail it to the address indicated on the FAFSA form by March 1, 2020, to receive full consideration.

It is acceptable to print this packet, hand print or type, then sign, scan, and email or otherwise deliver as directed at the end of the form OR fill-in directly on the screen in Adobe Reader, digitally sign, and email to the designated agent as directed at the end of this form.

**PLEASE PRINT OR TYPE**

Name: \_\_\_\_\_  
                                Last  First  Middle Initial

Current Address: \_\_\_\_\_  
  Street Address

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

\_\_\_\_\_    \_\_\_\_\_  
Telephone Number    E-Mail Address

Name of the institution where you last received the SUS Johnson Scholarship: \_\_\_\_\_

**CHECK ALL DISABLING CONDITION(S) THAT APPLY:**

**Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder.** A chronic condition manifested by hyperactive and impulsive behavior, significant symptoms of inattention, or both. The behavior and symptoms have a significant impact on cognitive ability and academic functioning.

— **Autism Spectrum Disorder.** Disabilities characterized by an uneven development profile and a pattern of qualitative impairments in social interaction, communication difficulties, and/or the presence of restricted repetitive or stereotyped patterns of behavior, interests, and activities. These characteristics may manifest in a variety of combinations and range from mild to severe.

— **Blind or Low Vision.** Disabilities in the structure and function of the eyes as manifested by at least one of the following: visual acuity of 20/70 or less in the better eye after the best possible correction, a peripheral field so constricted that it affects one's ability to function in an educational setting or a progressive loss of vision that may affect one's ability to function in an educational setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus.

— **Deaf/Hard of Hearing.** A hearing loss of thirty (30) decibels or greater, pure tone average of 500, 1000, 2000, and 4000 hertz (Hz), unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, high or low tone hearing loss or deafness, and acoustic trauma hearing loss or deafness.

— **Orthopedic Disability.** A disability of the musculoskeletal system, connective tissue, or neuromuscular system. Examples include, but are not limited to, cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand or arm, cardiovascular aneurysm (CVA), head injury or spinal cord injury, arthritis or rheumatism, epilepsy, intracranial hemorrhage, embolism, thrombosis (stroke), poliomyelitis, multiple sclerosis, Parkinson's disease, congenital malformation of brain cellular tissue, and physical disabilities pertaining to muscles or nerves, usually as a result of disease or birth defect, including, but not limited to, muscular dystrophy and congenital disorders.

— **Psychological, Emotional, or Behavioral Disability.** Any mental or psychological disability including, but not limited to, organic brain syndrome, emotional or mental illness, or attention deficit disorders.

— **Speech/Language Disabilities.** Disabilities of language, articulation, fluency, or voice that interfere with communication in academic settings, employment preparation/training, or social interaction on campus. Examples include, but are not limited to, cleft lip or palate with speech disabilities, stammering, stuttering, laryngectomy, and aphasia.

— **Specific Learning Disability.** A disability in one or more psychological or neurological processes involved in understanding or using spoken or written language. Learning disabilities may be manifested in listening, thinking, reading, writing, spelling, or performing arithmetic calculations. Examples include dyslexia, dysgraphia, dysphasia, dyscalculia, and other specific learning disabilities in the basic psychological or neurological processes. Such disabilities do not include learning problems that are due primarily to visual, hearing, or motor disabilities, to intellectual disabilities, to psychiatric or emotional disabilities, or environmental deprivation.

— **Traumatic Brain Injury.** An injury to the brain, not of a degenerative or congenital nature but caused by an external force, that may produce a diminished or altered state

of consciousness, which results in impairment of cognitive ability or physical ability and functioning.

**Other Health Disabilities.** Any disability not identified in this subsection deemed by a disability professional to make completion of the requirement impossible.

CURRENT CUMULATIVE GRADE POINT AVERAGE: \_\_\_\_\_

2020 – 2021 ACADEMIC LEVEL (check one):

\_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior

ANTICIPATED UNIVERSITY GRADUATION DATE: \_\_\_\_\_

I HAVE BEEN DESIGNATED AS A FLORIDA RESIDENT FOR TUITION PURPOSES BY THE UNIVERSITY (check one):

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Unsure

I AM AN UNDERGRADUATE STUDENT SEEKING MY FIRST BACCALAUREATE DEGREE:

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Checklist of Required Items to be Sent to the University for Renewal Application Consideration:**

- Submit a completed 2020-2021 Johnson Scholarship Application by the deadline;
- A current official transcript. NOTE: Some universities can review your academic progress electronically and may not require you to send a transcript. **Check with your university coordinator to determine if you need to send a transcript;** and
- You must also mail or complete an on-line FAFSA form to the address indicated on the FAFSA form by March 1, 2020.

**I certify that I have read and understand the conditions for participation in this program. The information I am supplying in this application is true, complete, and correct. By signing the form, I also grant permission for information about my financial need, and all supporting application materials, to be released by the appropriate university to the Board of Governors Office for Academic and Student Affairs and Johnson Scholarship Foundation. NOTICE: If you purposely give false information, you may be subject to fine, or imprisonment, or both under 827.06, F.S.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Univ. ID#: \_\_\_\_\_

SUBMIT APPLICATION MATERIALS TO THE APPROPRIATE CONTACT PERSON(S) LISTED AT THE END OF THE APPLICATION.

## INSTITUTION CONTACTS:

### **Florida Agricultural and Mechanical University**

Ms. Deborah Sullivan  
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### **Florida Atlantic University**

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### **Florida Gulf Coast University**

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### **Florida International University**

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**Florida Polytechnic University**

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**Florida State University**

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**New College of Florida**

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**University of Central Florida**

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**University of Florida**

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**University of North Florida**

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**University of South Florida**

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