

**STATE UNIVERSITY SYSTEM OF FLORIDA 2019-2020 -  
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, 2019**

**\*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

State University System of Florida Johnson Scholarship

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**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.

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motor disabilities, to intellectual disabilities, to psychiatric or emotional disabilities or to an 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 GPA:** \_\_\_\_\_

**2019 – 2020 ACADEMIC LEVEL (check one):**

\_\_\_ **Freshman**

\_\_\_ **Sophomore**

\_\_\_ **Junior**

\_\_\_ **Senior**

**ANTICIPATED UNIVERSITY GRADUATION DATE** \_\_\_\_\_

**I HAVE BEEN DESIGNATED AS A FLORIDA RESIDENT FOR TUITION PURPOSES BY CT.90(51)(1)(MS)TJP 0**



