

## Johnston Ziegler Youth Leadership Scholarship Application

This prestigious scholarship is merit-based and open to all high-school seniors in Mecklenburg or surrounding counties. The selected recipient of the Johnston Ziegler Youth Leadership Scholarship will receive a \$2500 educational scholarship to the university of his or her choice. Scholarship recipients will also be filmed for an award video.

Applicants should exemplify leadership, advocacy, and service; specifically pertaining to service with adolescents.

#### **Personal Information**

| Name:                   |        |      |                      |
|-------------------------|--------|------|----------------------|
| Street Address:         |        |      |                      |
| City:                   | State: | Zip: |                      |
| Primary Contact Number: |        |      | (home, cell, office) |
| Email:                  |        |      |                      |
| Date of Birth:          |        |      |                      |

#### Education

| School Name:  |  |
|---|--|
| Most recent weighted GPA:                               |  |
| Most recent unweighted GPA:                             |  |
| *If you cannot provide both GPA scales, please explain: |  |

## **Parent/Guardian Contact Information**

| Name:         |         |
|---------------|---------|
| Relationship: | Home #: |
| Work #:       | Cell #: |



#### **Community Involvement**

Please list community service activities you have participated in during high school and the total hours you spent involved/volunteering. (Limited to 8)



#### **Honors and Awards**

Please list and briefly describe 5 honors or awards that you have received during high school. (Limited to 5)

| Honor/Award | Description | Date Received |
|-------------|-------------|---------------|
|             |             |               |
|             |             |               |
|             |             |               |
|             |             |               |
|             |             |               |

Please note any additional information that you would like us to know.



#### **Short-Answer Questions**

Short answer question responses should be no more than 100 words, typed in Times New Roman size 12 font and accompany the application.

1. Tell me what you think is the greatest health issue (physical/mental) for adolescents and why?

2. Where do you see yourself in 5 years?

3. What is one of your greatest challenges and how have you attempted to overcome it?

#### Essay

In an essay of 350-500 words, please tell us how you have contributed to your community through leadership, advocacy, and service during your years in high school. What have you gained through these experiences? What lessons have you learned from these experiences and how will you use these lessons in the future? Essays should be typed in Times New Roman size 12 font and accompany the application. *\*Please note: any words after the 500 count will not be read*.

#### References

Please list 2 adults who will provide references on your behalf. References are not allowed to be family members. These people should know you well and be able to speak about your leadership roles and service. Please ask your references to fill out the accompanying recommendation forms. These forms may be mailed with your application or separately.

| Phone #: |
|----------|
|          |
|          |
|          |
| Phone #: |
|          |
|          |



# Pledge

I understand that the information submitted will be utilized in the decision-making process and may also be used in media, internet, and other forms of public communication. This application, including the attached essay, is my own work or formally cited from other sources. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief. I confirm that I am not related to any member of the Teen Health Connection team or the Teen Health Connection Teen Advisory Board.

I pledge that I do not drink alcohol, misuse prescription or over-the-counter medicine or use illegal substances.

Nominee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature:

Date: \_\_\_\_\_

\*Applications along with 2 Adult References and the accompanying Photo Release are due by 4:00 PM Thursday, December 3, 2020. Teen Health Connection will not consider incomplete or late applications. All completed applications should be mailed or emailed to the address below:

Rett Liles, JD Health Educator Teen Health Connection 3541 Randolph Road Suite 206 Charlotte, North Carolina 28211 Rett.liles@teenhealthconnection.org

Questions about the application should be directed to Rett Liles at rett.liles@teenhealthconnection.org.