



## ***JonCade Thomas Clemons Memorial Scholarship Fund***

***107 ½ Commission Blvd. Lafayette, LA 70508***

The JonCade Thomas Clemons Memorial Scholarship Fund offers college scholarships to students in the Acadiana area who display academic excellence, strong citizenship and character, and a desire to make a meaningful contribution to society.

The JonCade Thomas Clemons Memorial Scholarship Fund will award the following:

- Two scholarships valued at \$3,000.00 per semester for a maximum of eight semesters to include fall and spring.
- Eight scholarships valued at \$750.00 per semester for a maximum of eight semesters to include fall and spring.

### **OBJECTIVE**

To develop qualified professionals through education and to award those who have the desire to continue their education the opportunity to do so and to improve the quality of life for those students.

### **ELIGIBILITY**

All candidates must be high school graduating students who have maintained at least a 3.0 cumulative grade point average and who will attend a Louisiana university, community college, or technical school.

\* Note: If awarded, student must be full time and maintain twelve hours or more and at least a 3.0 GPA on a 10-point scale or a 2.7 GPA on the LSU +/- scale per semester to retain the scholarship.

### **ENTRY REQUIREMENTS**

The following information is required for initial application:

1. An official application form. Photocopies are acceptable.
2. An official transcript of all high school records.
3. A current appropriate picture – Please send a separate picture, a school picture is sufficient.
4. All required signature pages – pages 7&8.
5. Copy of SAT or ACT test scores.

6. Two completed reference letters – please have person writing reference enclose in sealed envelope and sign back of the envelope for return.

## **JUDGING**

1. The Board of Trustees has the sole authority for awarding scholarships. The scholarship recipients are selected on the basis of (in no particular order):

- Scholastic achievement of at least 3.0 GPA.
- Extracurricular activities, which demonstrate Leadership.
- Financial need.
- References.
- Awards and honors.
- Community involvement.
- Employment or volunteer experience.
- Unique life experiences.

2. All applicants selected as finalists may be subject to a personal interview with representatives of the Board of Trustees. Finalists will be notified prior to **April 1, 2023.**

This Scholarship will be awarded without consideration of race, sex, age, religion, color or national origin.

All selections are considered final. All applications and attachments become the property of the JonCade Thomas Clemons Memorial Scholarship Fund.

**Applications, including all required data, must be postmarked by **February 1, 2023.** Only complete application packets will be submitted for consideration. All entries are to be sent to:**

**Board of Trustees  
JonCade Thomas Clemons Memorial Scholarship Fund  
107 ½ Commission Blvd.  
Lafayette, LA 70508**

**Please direct any questions to Dawn Clemons at 337-839-9702.**

# ***JonCade Thomas Clemons Memorial Scholarship Fund***

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## **APPLICATION**

APPLICANT: Please complete all sections of this application. Type or print in black ink. Use N/A if a question does not apply. Appearance and completeness will be considered during evaluation.

Mail to: The JonCade Thomas Clemons Memorial Scholarship Fund  
107 ½ Commission Blvd.  
Lafayette, LA 70508

All sections must be completed in order for this application to be considered. The application must be postmarked by **February 1, 2023.**

### **I. PERSONAL**

Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
(address) (city) (state) (zip)

Email \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Citizenship \_\_\_\_\_

Father's Name \_\_\_\_\_ Highest level of education completed:  
HS/College/Grad School \_\_\_\_\_

Mother's Name \_\_\_\_\_ Highest level of education completed:  
HS/College/Grad School \_\_\_\_\_

If parents live apart, check your primary residence

☐ with mother ☐ with father ☐ equally shared

☐ other: name/relationship \_\_\_\_\_

Siblings - List name(s) and age(s)

_____	_____
_____	_____
_____	_____

Name School currently attending \_\_\_\_\_

Address of School \_\_\_\_\_

School Telephone \_\_\_\_\_

What four adjectives have others used to describe you?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

What do you perceive as your four strongest attributes?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Answer both of the following questions using only the space provided. Any additional sheets will not be considered.

1. Why are you interested in your career choice, and what event or series of events have led you to this decision?

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2. What has been your most important extracurricular activity and your most important contribution to it? What has your participation in it meant to you as an individual?

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## II. EMPLOYMENT HISTORY

List full-time employment, summer employment, or other part-time work. Briefly explain duties and responsibilities (beginning with your most recent job). If part-time work, indicate number of hours per week. Add additional sheets as necessary.

A. Dates employed \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisors Name \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position \_\_\_\_\_  
Your duties \_\_\_\_\_  
Number of hours per week \_\_\_\_\_

B. Dates employed \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisors Name \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position \_\_\_\_\_  
Your duties \_\_\_\_\_

## III. FINANCIAL INFORMATION (Complete all blanks)

Father's occupation \_\_\_\_\_  
Income per year \_\_\_\_\_

Mother's occupation \_\_\_\_\_  
Income per year \_\_\_\_\_

What percent of your college education and living expenses will you and/or your parents provide or expect to provide beginning in the current school year? \_\_\_\_\_ % provided by you \_\_\_\_\_ % provided by parents.

Including yourself, how many members of your immediate family will be in college next year? \_\_\_\_\_

How many are receiving financial assistance in the form of scholarships or grants? \_\_\_\_\_

Have you been awarded other scholarships, including TOPS? \_\_\_\_\_  
If yes, please provide the following:

Award Name	Amt per Semester	Duration

Are you applying for state grants? \_\_\_\_\_

What school do you plan to attend? \_\_\_\_\_

Estimated cost per **semester**:

Tuition \$ \_\_\_\_\_  
Living expenses (if not living at home) \$ \_\_\_\_\_  
Books \$ \_\_\_\_\_

#### IV. SCHOLASTIC INFORMATION

Provide names, cities and states of high schools, colleges and/or universities you have attended or are currently attending, most recent first. Be sure to indicate month and year of anticipated graduation.

Name City, State Dates of attendance

High school \_\_\_\_\_

High school \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Cumulative GPA (must attach copy of transcript): \_\_\_\_\_

Rank in Class: \_\_\_\_\_ out of \_\_\_\_\_ students

SAT Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_

Writing \_\_\_\_\_

ACT Scores: English \_\_\_\_\_ Math \_\_\_\_\_

Composite \_\_\_\_\_

## V. EXTRACURRICULAR ACTIVITIES

Add additional sheets as necessary

### 1. School Activities:

Name of organization	Years	Office held

### 2. Athletics:

Sport Played	Years



3. Community Activities / Volunteers:

Activity	Years	Duties

4. Awards & Honors (not previously listed)

Awards & Honors	Years

*I certify that all statements made by this applicant regarding the scholastic information and extracurricular activities are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I have also read and noted all requirements listed on this application, and I certify that this applicant meets all requirements.*

\_\_\_\_\_  
Guidance Counselor's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

## VI. REFERENCES

Please list two references other than family members. Have your references fill out the attached reference sheets. Return both references with your application, please have person writing reference enclose in sealed envelope and sign back of the envelope for return.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Applicant's Signature:

*I certify that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I have also read and noted all requirements listed on this application and its cover sheet and understand that an incomplete or late application will disqualify me from consideration for this award.*

*If awarded a scholarship, I give the JonCade Thomas Clemons Memorial Scholarship Fund permission to use my name, any photographs, and writings (with or without attribution) provided to the organization to be used in any of its publication material, reports, press releases, website, and activities associated with its scholarship program. I understand that all financial and academic information from my transcript and application is, and shall remain, confidential.*

*I give my consent for my financial aid counselor or director and representative of the JonCade Thomas Clemons Memorial Scholarship Fund to discuss my eligibility and need for scholarship assistance.*

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

Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Applicant's Checklist for Application Process  
(For your use only. Do not return checklist with application.)

- Completed Application Form.
- Official high school transcript.
- A current picture of the applicant.
- Applicant's signature form – pages 7&8.
- Copy of SAT/ACT test scores.
- Two completed reference letters - please have person writing reference enclose in sealed envelope and sign back of the envelope for return.

## ***JonCade Thomas Clemons Memorial Scholarship Fund***

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### REFERENCE SHEET

Name of Student \_\_\_\_\_

Your name has been given as reference by the above student who has applied for a scholarship to The JonCade Thomas Clemons Memorial Scholarship Fund. Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. Attach additional pages for more information. Please enclose completed Reference Sheet in sealed envelope and sign back of the envelope for return.

A. How long have you known the applicant? \_\_\_\_\_

B. Furnish information on the nature and frequency of your contacts and observations of the applicant. \_\_\_\_\_

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**EVALUATION OF SOCIAL AND PERSONAL TRAITS**  
Please rate each characteristic listed

C.		Average	Above Average	Superior
	Cooperation			
	Respect			
	Timeliness & Completeness of Assignments			
	Determination			
	Ability to succeed at task given			
	Maturity			

D. Using the above information, indicate your opinion of the applicant's ability to select a goal and achieve it. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. What four adjectives best describe the student?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

[illegible]

Printed Name

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A. How long have you known the applicant? \_\_\_\_\_

B. Furnish information on the nature and frequency of your contacts and

observations of the applicant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed

C.		Average	Above Average	Superior
	Cooperation			
	Respect			
	Timeliness & Completeness of Assignments			
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	Ability to succeed at task given			
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D. Using the above information, indicate your opinion of the applicant's ability to select a goal and achieve it. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. What four adjectives best describe the student?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



[illegible]

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Printed Name