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 $3,750 per semester for up to eight semesters to include fall and spring.
- Four scholarships valued at $1,250 per semester for up to 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 2027 high school graduating students who have maintained at least a 3.0 cumulative grade point average, scored minimum 20 composite on individual ACT exam (superscores will not be accepted), and 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 picture
4. All required signature pages – pages 7 & 8.
5. Copy of highest ACT composite test score. Superscores not accepted.

6. Two completed reference sheets – please have person writing reference enclose in sealed envelope and sign back of the envelope for return. References can be mailed separately or included with your application.

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, 2027.

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, 2027. Applications postmarked after February 1, 2027 will not be considered. 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.

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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, 2027.

I. PERSONAL

Full Name _____

Home Address _____
(address) (city) (state) (zip)

Email _____

Student's Phone # _____ Parent's 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 the following questions using only the space provided. Any additional sheets will not be considered.

1. What do you want to be and why are you interested in your career choice. What event or series of events have led you to this decision?

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?

3. Explain something that you are grateful for in your life and why.

_____

_____

_____

_____

_____

_____

_____

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 _____
Number of hours per week_____

III. HOUSEHOLD INCOME

Please list all who provide financial support to you currently.

Relationship	Occupation	2025 Gross Income

What percentage of your college education & living expenses will you and/or your caregivers provide or expect to provide beginning in the current school year? _____ % provided by you _____ % provided by caregivers.

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? _____

Field of study? _____

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): _____

Current Rank in Class:_____ out of _____ students

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, enclose in a sealed envelope, and sign the back of the envelope. References can be mailed separately or returned with your application.

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: _____

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 highest ACT composite test score (not Superscore)
- Two completed reference sheets – please have person writing reference enclose in sealed envelope and sign back of the envelope for return. References can be mailed separately or included with your application.

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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. Envelope may be mailed separately or given to student to include in application submission.

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			
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. _____

F. Consider yourself on our selection committee. All of our applicants are equal. What outstanding qualities or characteristics does this student have that would set him or her apart from the others to warrant this scholarship?

Your Signature

Printed Name

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REFERENCE SHEET

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Your Signature

Printed Name