



## The Johnny Clanton Memorial Scholarship Fund

### The Community Foundation of West Texas

The Community Foundation of West Texas, formerly the Lubbock Area Foundation, is the community foundation for the entire South Plains area. It was in 1981 to help donors meet the existing and future needs of the area's educational, health, cultural, civic and charitable organizations. The Foundation's scope goes beyond social service and welfare; our donors are improving the overall quality of life in the South Plains area.

The Foundation administers a variety of charitable funds, including scholarships to assist area students with post-secondary educational expenses. The Foundation is pleased to administer *The Johnny Clanton Memorial Scholarship Fund*, which is described below.

### Purpose:

This scholarship was established by Mrs. Beth Clanton and her daughters in memory of her husband Johnny, a Seminole farmer who died in 1998. The scholarship is to be awarded to a graduating Seminole High School student who will be pursuing a post-secondary education. Although this scholarship is administered by the Community Foundation of West Texas, an independent selection committee selects the recipients. The committee is to be comprised of the Seminole Junior High Principal and counselor, and Seminole High School Principal and Counselor.

### Eligibility Requirements:

Without discrimination toward race or sex, the following eligibility requirements shall apply to candidates for the Johnny Clanton Memorial Scholarship:

1. Student must be a graduating senior of Seminole High School who has been in the Seminole school district since the 7<sup>th</sup> grade.
2. The student must be continuing their education at the post-secondary level.
3. Student must have participated in an agricultural project while in high school. This may be in the form of membership on a judging team or animal project. This may be through the FFA or 4-H.

**Selection Process:**

1. All scholarship applications must be completed in full and submitted to the Community Foundation of West Texas by **April 30th**. **Incomplete applications will not be considered.**
2. The selection committee will review completed applications and make recommendations for scholarship awards to the Community Foundation of West Texas Board of Directors.
3. The Board of Directors of Community Foundation of West Texas will review the recommendations of the Scholarship Advisory Committee and make final decisions by May 15th.

**Scholarship Fund Disbursement:**

1. Scholarships will be paid to the institution of the recipient's choice, and not directly to the recipient.
2. The award may be used for books, fees, and tuition only and all unused funds must be returned to the Community Foundation of West Texas within a reasonable time.
3. The Foundation requires a copy of the student's transcript at the end of the first semester.

**\*Please do not send the first two pages in with your completed application.**

**Application and attachments should be mailed to:**

Johnny Clanton Memorial Scholarship Committee  
Community Foundation of West Texas  
6102 82<sup>nd</sup> Street 8B  
Lubbock, TX 79424

[www.communityfoundationofwesttexas.org](http://www.communityfoundationofwesttexas.org)  
email: [denise@communityfoundationofwesttexas.org](mailto:denise@communityfoundationofwesttexas.org)

# The Johnny Clanton Memorial Scholarship Fund Application

Date to begin school: \_\_\_\_\_

## GENERAL INFORMATION – (Please type or print)

Mr. \_\_\_\_\_ Miss \_\_\_\_\_ Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Student's Father (if applicable): \_\_\_\_\_

*(If father is deceased, please indicate)*

Father's Home Address: \_\_\_\_\_

Father's Employment: a) Title: \_\_\_\_\_

b) Name of Employer: \_\_\_\_\_

Name of Student's Mother (if applicable): \_\_\_\_\_

*(If mother is deceased, please indicate)*

Mother's Home Address: \_\_\_\_\_

Mother's Employment: a) Title: \_\_\_\_\_

b) Name of Employer: \_\_\_\_\_

## EDUCATIONAL PLANNING

College or Universities to which you have applied:

1. \_\_\_\_\_ Accepted: Yes No

2. \_\_\_\_\_ Accepted: Yes No

Intended Major: \_\_\_\_\_

What career are you planning to pursue? \_\_\_\_\_

Where do you plan to live during the upcoming academic year? On-Campus \_\_\_\_\_ Off-Campus \_\_\_\_\_

With Parents/Family \_\_\_\_\_ Other(explain) \_\_\_\_\_

Do you expect to work during the academic year (including work study)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many hours per week? \_\_\_\_\_ Employer Name: \_\_\_\_\_

EDUCATIONAL BACKGROUND

Current GPA (7 high-school semesters): \_\_\_\_\_ Is this a weighted average? Yes \_\_\_ No \_\_\_

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

SAT Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Date Taken: \_\_\_\_\_

ACT Composite: \_\_\_\_\_ Date Taken: \_\_\_\_\_

OTHER STUDENT INFORMATION

Please list any special honors and awards received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your extra curricular activities (in and out of school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT FINANCIAL AID

List all sources of financial aid you are applying for and/or have received notification of award.

Scholarship/Award/Loan/Grant:

Awarded:

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Pending \_\_\_

If awarded, Amount \$ \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Pending \_\_\_

If awarded, Amount \$ \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Pending \_\_\_

If awarded, Amount \$ \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Pending \_\_\_

If awarded, Amount \$ \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Pending \_\_\_

If awarded, Amount \$ \_\_\_\_\_

ESSAY

“My future goals and what they will mean to society.”

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**I hereby certify that the information I have provided in this application is accurate and complete to the best of my knowledge. I give the Community Foundation of West Texas permission to contact any of my teachers, counselors, or educational institutions to gain further information if needed. I understand that the information in this application will be shared with the scholarship selection committee.**

**Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

*\*Misrepresentation in any statement may be considered reason for cancellation and repayment of scholarship.*

**How did you hear about our scholarships?**

**School Counselor/Financial Aid Office:** \_\_\_\_\_

**Newspaper:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Other:** \_\_\_\_\_