

**2024**  
**John L. Williams Memorial Scholarship**

**Mail application to:**  
**Deborah Williams**  
**P.O. Box 57**  
**Orange Grove, Texas 78372**

**Postmarked By:**  
**October 1, 2024**

John L. Williams Scholarship  
Eligibility and Requirements

**1. To be eligible to apply for the John L. Williams Scholarship, an applicant must:**

- A. Be an active member of 4-H or FFA for the current year and at least two of the previous years. Be in good standing with their association. Must have exhibited an animal in the Jim Wells County Fair at least two years.
- B. Be a U.S. citizen. If the applicant's transcript reflects a place of birth other than the United States, proof of naturalization must be shown to a high school records official or the person verifying the application.
- C. Be a current year graduating senior.
- D. Have maintained a yearly grade of 85 or higher in all classes in grades 9 through 12.

**2. The applicant must:**

- A. Have all applicable pages completed.
- B. Be typewritten, except for signatures.
- C. Contain all requested signatures.
- D. Contain no supplemental pages that are not requested.
- E. Be accompanied by a one page essay describing the positive experiences of the student participating in the Jim Wells County Fair.
- F. Submit three letters of recommendation from non-relatives. (Your high school counselor must submit one letter of recommendation.)
- G. Be accompanied by the student's transcript for the three years, which is signed by a school records official and certified with a school seal. If more than one page is submitted, each page of the academic achievement record must display a school seal.

**I. GENERAL INFORMATION**

1. \_\_\_\_\_  
(First Name) (M.I.) (Last Name)

2. \_\_\_\_\_  
(Social Security Number) (Age) (Area Code and Phone Number)

3. Home Address: \_\_\_\_\_  
(Street, Route, Box Number, City, State and Zip Code)

4. Name of Organization: \_\_\_\_\_

5. Name of High School: \_\_\_\_\_

6. Parent or Guardian's Name: \_\_\_\_\_

7. Parent or Guardian's Address: \_\_\_\_\_  
(Street, Route, Box Number, City, State and Zip Code)

8. Father or Guardian's Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Business Title: \_\_\_\_\_ Employer: \_\_\_\_\_

9. Mother or Guardian's Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Business Title: \_\_\_\_\_ Employer: \_\_\_\_\_

10. Number of Older Siblings: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of Younger Siblings: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of Siblings Now in College: \_\_\_\_\_

11. Have you been accepted for admission to a college or university? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. If yes, at which college or university? \_\_\_\_\_

13. If not already accepted, have you made application for admission? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. If yes, at which college or university? \_\_\_\_\_

15. What major (course of study) do you intend to pursue? \_\_\_\_\_

16. My planned career is: \_\_\_\_\_

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







(THIS PAGE TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL OR COUNSELOR)

**I. SCHOLARSHIP OR ACADEMIC ACHIEVEMENT**

- A. Name of Applicant: \_\_\_\_\_
- B. Name of High School: \_\_\_\_\_
- C. Date Applicant is to Graduate: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)
- D. Applicant's numerical ranking in graduating class for the first three (3) years in high school: \_\_\_\_\_
- E. Number of Students in Graduating Class: \_\_\_\_\_
- F. Applicant's rank in graduating class for the first three (3) years in high school shown as a percentage ( $D/E \times 100 = F$ ): \_\_\_\_\_%
- G. Applicant's **unweighted\*** numerical high school grade average on a 100-point scale (0-100) for the first three (3) years of high school: \_\_\_\_\_  
**\*Note:** The practice of calculating averages by giving greater weights to honors courses is not regulated by a common procedure throughout the state. Therefore, for the purpose of fair comparison and competition for this scholarship program, all averages should be calculated without the use of honors course weights or bonuses.
- H. Applicant's total number of credits for the first three years of high school: \_\_\_\_\_
- I. Total number of: A's: \_\_\_\_\_, B's: \_\_\_\_\_, C's: \_\_\_\_\_, and D's: \_\_\_\_\_

**II. COLLEGE ENTRANCE EXAM SCORES (The exams may be taken as many times as desired. However, do not combine section scores from different testings.)**

- A. SAT Scores: \_\_\_\_\_ (Verbal) \_\_\_\_\_ (Math) \_\_\_\_\_ (Total) Date of SAT: \_\_\_\_\_
- B. ACT Composite Score: \_\_\_\_\_ Date of ACT: \_\_\_\_\_

**Note:** SAT/ACT scores, class ranking and/or unweighted numerical grade averages (carried to the second decimal) that are incorrectly listed shall result in the assessment of a three (3) point penalty on the application, regardless of the number of occurrences.

**III. Brief typewritten statement by High School Principal or Counselor regarding applicant and preparation for his/her career as related to the academic offerings of this school.**

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

Signed: \_\_\_\_\_  
(High School Principal or Counselor)

Applicant will be selected on the basis of character, overall merit, references, and financial need. You, as an applicant and a possible recipient, agree to the following requirements: Maintain a satisfactory school attendance, allow the college to release my grades if requested, and enroll as a full time student with at least 12 semester hours. If chosen for the scholarship, applicant must show proof of college

The information I have given is true, to the best of my knowledge.

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Applicant's Signature

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Date

Please mail application postmarked by October 1, 2024 to:

Deborah Williams  
P.O. Box 57  
Orange Grove, Texas 78372