

2022-2023 Jonathan L. Hackney Memorial Scholarship Fund Application Criteria

Deadline Date: April 30, 2023

Jonathan was diagnosed with a Petite Mal Seizure Disorder (a form of Epilepsy) at a very young age. Through out his life, he was determined NOT to let his "medical hardship" define who he was or to keep him from being a "normal, typical" student nor did it stop him from participating in sports. He participated in all the sports that he was allowed to, by his doctor, such as basketball, baseball, track, cross country and golf. He also worked a part time job at HEB throughout most of his high school and college years. Jonathan ALWAYS exemplified several "qualities" that made him who he was such as: he always had a great attitude, a big, caring heart and showed that big smile. He always saw the positive of any situation. He was always kind, friendly, happy, considerate of others and very outgoing. Most people who knew Jonathan did NOT know that he had a "medical hardship" because of the way he carried himself and presented himself. This scholarship is for those who are similar to Jonathan.

ELIGIBILITIES:

- 1) All recipients must be graduating from one (1) of the four (4) Karnes County High Schools and will be enrolling in a four-year college, two-year college, technical college or any school of higher education.
- 2) All recipients must have been influenced by some type of a "hardship" including either medical, economical or social AND/OR possesses most, if not all, of the same "qualities" that Jonathan did, as listed above. **Participating in sports is NOT a requisite.**

INSTRUCTIONS:

- 1) Fill out application neatly and accurately.
- 2) The application & essay may be typed or handwritten. **If handwritten, you must use black or blue ink only.**
- 3) Type or neatly hand write a one (1) page essay explaining why you should be awarded this scholarship. Please include your goals in life. Please include any "hardship" that has influenced you. Please list any of the "qualities" that you possess that are similar to Jonathan's.
- 4) Please have two (2) persons write a brief recommendation letter recommending you for this scholarship.
- 5) NO photocopy of a recommendation letter is permissible. **Application will be automatically rejected.**
- 6) **Turn in completed application, essay and both recommendation letters to your High School Counselor ON or BEFORE the deadline date. PLEASE DO NOT MAIL DIRECTLY TO ME.**

How well you follow the rules is part of the evaluation used by the "Scholarship Selection Committee".

MISCELLANEOUS:

- 1) Prior to graduation day, the High School Counselor of each scholarship recipient will be notified of who will receive a scholarship and the monetary amount of the scholarship. The Counselor will also receive a Certificate to present to the recipient(s).
- 2) Each scholarship awarded will be for books or tuition for the next college summer or fall semester following your high school graduation day.
- 3) Each scholarship recipient must mail, email or meet with and show the Director proof of registration to a college or school of higher education and THEN a check will be issued for the scholarship amount.
- 4) The current Director to mail or show proof to is:
Kent W. Hackney @ 413 Cottonwood, Kenedy, Texas 78119 (830-534-7236)
- 5) All scholarships awarded will be for a minimum of \$500.00.

Please keep this page for your reference should you be awarded a scholarship.

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PLEASE DO NOT USE STAPLES - All APPLICATIONS WILL BE SCANNED

STUDENT INFORMATION: If handwritten, please use Black or Blue Ink.

Name: _____ Contact Phone #: _____
Print Full Name

Current Mailing Address: _____
If you are awarded a scholarship, a check made payable to the above name, will be mailed to this address once proof of registration is received

High School graduating from: FCISD KISD KCISD RISD Graduation Date: _____
Please Circle One

College/School you plan to attend: _____

Major/Trade: _____

Have you already been accepted? YES NO If so, which semester? Summer Fall
Please Circle One Please Circle One

PARENT/GUARDIAN INFORMATION:

Name of Parent(s)/Guardian(s): _____
Print Full Name(s)

ON A SEPARATE PAGE(s), PLEASE LIST THE FOLLOWING:

- 1) **School Activities and Extra Curricular Participation**
(Please list all sports, clubs, organizations, leadership positions & dates of service)
- 2) **Academic Awards, Community Awards/Service, Special Recognitions or Honors:**
(Please include all volunteer services and hours of service)
- 3) **Work Experience**
(Include employers, hours worked per week and length of employment)
- 4) **Special Interests or Hobbies:**

CERTIFICATION:

I certify that the enclosed information is true and correct to the best of my knowledge. Any false information given will automatically void and null this application.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____
(At time of receipt of completed application)

Counselor's Comments: _____

****Please do NOT use the back of any page****