

Justices of the Peace and Constables Association of Texas, Inc.

Constable Darrell Lunsford, Judge Fulton Lee, Constable James Paschall & Deputy Michael Eakin Memorial Scholarship Fund Application

2025 College Scholarship Application

SCHOLARSHIP QUALIFICATION GUIDELINES

To qualify for the JPCA college scholarship, the applicant must meet the following criteria:

- Be the child, grandchild, or legal ward (Guardianship) of an active voting member of JPCA.
- Must be enrolled in a college or university in an academic course of study.
- Must be younger than 25 years of age.
- Must have completed at least one semester of college/university.
- Must have a cumulative grade point average (G.P.A) of at least 2.5.

SCHOLARSHIP AWARDS AND SCHOLARSHIP PRESENTATIONS

- Scholarship award amounts depend on the number of scholarship applications the committee receives and the amounts vary each year.
- Scholarship recipients will be notified in June 2025 after the committee makes the selection.
- Scholarship recipients will be announced at the annual JPCA Education Conference (recipients do not need to be present).

SCHOLARSHIP APPLICATION SUBMISSION

Complete applications **MUST BE RECEIVED BY MARCH 31, 2025**. Incomplete applications will not be considered. Please do not mail partial applications. **ADD ADDITIONAL PAGES AS NEEDED**Please **mail** completed applications to: (No fax or e-mail applications will be accepted)

Constable Chad Jordan P.O. Box 115 Grandbury, TX 76048

Contact (817) 579-3204 if you have questions regarding this scholarship application.

SCHOLARSHIP APPLICATION SUBMISSION CHECKLIST

For your application to be considered, you must attach the following documentation:

1. Current Transcript

This must be an official document on either school letterhead or with school seal.

2. Current Proof of Enrollment

This must be an official document on either school letterhead or with school seal.

3. A Brief Biographical Sketch

Any student applying for a scholarship must submit an biographical sketch and narrative, in his or her own words, stating why the applicant believes he or she is deserving of a JPCA scholarship award. Narrative may include personal accomplishments, activities and, experiences, and it **shall not exceed two typewritten, double spaced pages in length.**

4. Personal References

Submit letters of recommendation that are no more than 3 months old with this application form from any **two** of the following:

- advisors,
- professors or instructors.
- most recent employer, or
- other persons qualified to attest to your character, scholastic ability.

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STUDENT PERSONAL INFORMATION	I				
LAST NAME:					
FIRST NAME:					
CURRENT MAILING ADDRESS:					
CITY:			STATE:	ZIP CODE:	
PERMANENT MAILING ADDRESS:					
CITY:			STATE:	ZIP CODE:	
EMAIL ADDRESS:		PHONE #:			
DATE OF BIRTH: (MM/DD/YYYY)			AGE	E:	
STUDENT FAMILY INFORMATION					
NAME OF FATHER/GUARDIAN:					
FATHER EMPLOYED BY:					
OCCUPATION:					
FATHER'S MAILING ADDRESS:					
CITY:			STATE:	ZIP CODE:	
NAME OF MOTHER/GUARDIAN:					
MOTHER EMPLOYED BY:					
OCCUPATION:					
MOTHER'S MAILING ADDRESS SAME AS FATHER'S?	YES	NO			
IF DIFFERENT ADDRESS, PROVIDE MOTHER'S MAILING ADDRESS:					
CITY:			STATE:	ZIP CODE:	

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EDUCATIONAL BACKGROUND

NAME OF COLLEGE/UNIVERSITY
ATTENDING::

CURRENT MAJOR/MINOR: CURRENT G.P.A:

(Minimum G.P.A.: 2.5)

CURRENT # OF SEMESTER HOURS

ARE YOU A RESIDENT OF TEXAS?

No

ARE YOU A U.S. CITIZEN?

ENROLLED OF TEXA

Yes

Yes

No

WORK EXPERIENCE List all work experience you have participated.

BRIEF DESCRIPTION OF YOUR EMPLOYER: JOB TITLE DATES EMPLOYED: ROLE/DUTIES/RESPONSIBILITIES:

EMPLOYER: JOB TITLE DATES EMPLOYED:

EMPLOYER: JOB TITLE DATES EMPLOYED:

OTHER SCHOLARSHIP INFORMATION

ARE YOU OR WILL YOU BE A CANDIDATE FOR ANY OTHER SCHOLARSHIPS SUCH AS SCHOLASTIC, ATHLETIC, WORK?

Yes No

IF YES, LIST SCHOLARSHIPS APPLIED FOR, AMOUNT OF SCHOLARSHIP, AND DATE APPLIED FOR OR RECEIVED:

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CURRENT/VOTING MEMBER INFORMATION (JUDGE, CONSTABLE, CLERK)

DATE APPLICAT	TION RECEIVED:				
FOR JPCA OF	TX USE ONLY				
PL	EASE RETURN APPLIC	CATION SO WE RECEIV	/E IT on or befo f	RE MARCH 31, 2025.	
Committee Name:			Year(s) Served:		
Committee Name	e:		Year(s) Serv	/ed:	
SIGNATURE OF	SPONSOR:			DATE:	
SIGNATURE OF	APPLICANT:			DATE:	
SIGNATURES					
THIS APPLICAN	N TO RECEIVE A				
IF APPLICANT F SCHOLARSHIP,	RECEIVED PLEASE DESCRIBE:				
YES	NO		YES	NO	
HAVE YOU EVER APPLIED FOR A SCHOLAR STUDENT OR ANY OTHER MEMBER OF YOU				CANT RECEIVE A PFROM THIS ASSOCIATION?	
		LEGAL GUARDIAN			
RELATIONSHIP TO APPLICANT:		PARENT	NT GRANDPARENT		
MEMBER TITLE:			COUNTY:		
NAME OF MEMI	BER:				

Yes No APPROVED NOT APPROVED

FINAL STATUS:

DID THE APPLICANT MEET ALL REQUIREMENTS?