

Phillip Neal Jones Memorial Scholarship

Application

\$10,000 Scholarship to College of Recipient's Choice

Name _____ Sex _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Parent/Guardian Names _____

Father's Occupation _____

Mother's Occupation _____

Number of Children Living at Home _____ Number in College _____

Is outside financial assistance necessary to begin and complete your college education? _____ Yes _____ No Family annual income _____

If yes, explain circumstances. _____

Will you be enrolled as a full-time student? (Taking at least 15 semester hours)

_____ Yes _____ No

If no, please explain. _____

Please list three personal references (provide names, addresses, phone numbers)

1. _____

2. _____

3. _____

High School GPA _____ ACT Score _____ Class Rank _____

Include with this application:

1. An essay entitled, "How Receiving the Phillip Neal Jones Scholarship Would Change My Life." Please include a short biography, your goals, and how receiving this scholarship will help you achieve your goals.
2. Two letters of recommendation from high school teachers.

Please return your application to your counselor by March 6, 2026.

The scholarship will be awarded based on the following:

1. Must achieve creditable results on the ACT.
2. Must show evidence of financial need.
3. Must be a good citizen.