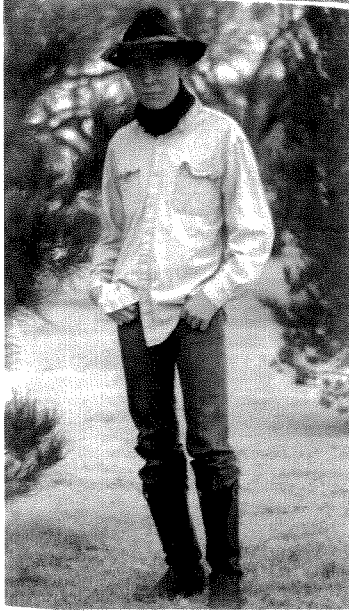


Adam Swaim Memorial Scholarship

\$500 One-Time Award



Adam Swaim was a lifelong Jim Ned Indian who graduated from JNHS in 1999. While at Jim Ned, he was best known for his quirky personality, his genuine smile and his jeans tucked into his high-topped cowboy boots. Adam cared much more about dressing up for school spirit days and relationships than he did his grades, but he made his parents proud by graduating and soon after, joining the U.S. Navy. His family continues to live in the Jim Ned area and is proud to support Jim Ned Indians.

While hanging out with friends one night, Adam was involved in an alcohol-related truck crash. Not wearing his seat belt, Adam was thrown from the vehicle and killed. A senseless tragedy, the grandmother of the driver did not want Adam to be forgotten, and the Adam Swaim Memorial Scholarship was established in 2002.

At the time of his death, Adam was seeking to enroll in college. The scholarship in his name seeks students NOT at the top of their class but who plan to attend college to achieve their dreams. The family knows that Adam would want to encourage everyone to wear their seatbelts anytime in a vehicle, and to not drive under the influence.

Scholarship Criteria:

- Must be a JNHS graduating senior
- Meet the entrance requirements of a college or university
- Be enrolled in college in the Fall semester following graduation
- Submit ACT or SAT scores
- Submit reference forms from two teachers
- Complete and return the attached application by **May 1** to:

David and Kathy Swaim
630 CR 655
Tuscola, TX 79562

Adam Swaim Memorial Scholarship Application

Name: _____
(First) (Middle) (Last)

Mailing
Address: _____

Rank in Senior Class: _____ Number of Students in Senior Class: _____

ACT Score: _____ SAT Score: _____

Name of Parent(s) or
Guardian(s): _____
Occupation of
Parents: _____

Number of Children in family(with ages):

Student Organizations/Activities to which you belong:

Leadership Positions and Offices Held:

Honors and Awards:

Community, Church and other Activities Involved in:

Why I plan to pursue a career in (vocation of choice):

College/University that you plan to attend:

Address of College: _____

Phone Number: _____

Briefly describe your need for financial assistance:

Applicant's

Signature: _____ **Date:** _____

Parent's

Signature: _____ **Date:** _____

Adam Swaim Memorial Scholarship Teacher's Evaluation:

Applicant's Name: _____

I hereby waive my rights to inspect and review this confidential evaluation.

(Signature of Applicant)

(Date)

After completing the information above, give this form and a stamped, addressed envelope to the teacher who is recommending you for this scholarship.

Please evaluate the following statements concerning the above named applicant. Mark only one choice for each statement by circling the appropriate number. Rate the following five statements on how well the quality describes the applicant in relation to his/her peers by using the following scale:

4-Above Average 3-Average 2-Below Average 1-Inferior

The following will be treated as confidential information:

- | | | | | |
|---|---|---|---|---|
| 1. Academic ability: | 4 | 3 | 2 | 1 |
| 2. Interest and willingness to accept responsibilities: | 4 | 3 | 2 | 1 |
| 3. Ability to work with peers and adults: | 4 | 3 | 2 | 1 |
| 4. Application of energy and persistence toward solutions or goals: | 4 | 3 | 2 | 1 |
| 5. Moral character: | 4 | 3 | 2 | 1 |

State briefly how you think this young man/woman will perform in a higher education program. _____

Upon completion, please return this form as soon as possible or by May 1st in the self-addressed envelope to:

Adam Swaim Memorial Scholarship
c/o David and Kathy Swaim
630 CR 655
Tuscola, TX 79562

How long have you known the applicant? _____

(Signature)

(Date)

Adam Swaim Memorial Scholarship Teacher's Evaluation:

Applicant's Name: _____

I hereby waive my rights to inspect and review this confidential evaluation.

(Signature of Applicant)

(Date)

After completing the information above, give this form and a stamped, addressed envelope to the teacher who is recommending you for this scholarship.

Please evaluate the following statements concerning the above named applicant. Mark only one choice for each statement by circling the appropriate number. Rate the following five statements on how well the quality describes the applicant in relation to his/her peers by using the following scale:

4-Above Average 3-Average 2-Below Average 1-Inferior

The following will be treated as confidential information:

- | | | | | |
|---|---|---|---|---|
| 1. Academic ability: | 4 | 3 | 2 | 1 |
| 2. Interest and willingness to accept responsibilities: | 4 | 3 | 2 | 1 |
| 3. Ability to work with peers and adults: | 4 | 3 | 2 | 1 |
| 4. Application of energy and persistence toward solutions or goals: | 4 | 3 | 2 | 1 |
| 5. Moral character: | 4 | 3 | 2 | 1 |

State briefly how you think this young man/woman will perform in a higher education program. _____

Upon completion, please return this form as soon as possible or by May 1st in the self-addressed envelope to:

Adam Swaim Memorial Scholarship
c/o David and Kathy Swaim
630 CR 655
Tuscola, TX 79562

How long have you known the applicant? _____

(Signature)

(Date)