

The McCrimmon Johnson Academic Scholarship 2026

The Award

The McCrimmon Johnson Academic Scholarship is a non-recurring award for one student for \$1,000. The scholarship award will be paid to the student's chosen educational institution.

Eligibility

The applicant can be a graduating high school student attending college for the first time, a current college student, a graduate student or student actively enrolled in a technical or trade school, and in good standing. Scholarship funds must be used for (1) tuition or books, (2) only at an accredited educational institution, and (3) used by December 2026 at the accredited educational institution only.

Application Process

Applicants should **type or print clearly** and use only the space provided on the form to answer the questions. Other than specified below, no attachments, resumes, pictures or other material of any kind should be submitted or used to answer the questions.

1. The signed application must be submitted together with:
___ An official or unofficial transcript documenting the student's GPA
___ A typed essay response.
___ A 4x 6 color photo of the applicant (in jpeg if emailed)
2. The applicant and his/her parent or guardian (if 21 years old or younger) must print and sign the Certification and Release Authorization.
3. The application, transcript and essay must be returned by the application deadline, January 31, 2024. (If any portion is incomplete or not included, the application will **not** be considered.)
4. All requested documents should be mailed to McCrimmon Johnson Academic Scholarship Fund, Inc.

PO Box 2348
DeSoto, TX 75123

Or

Emailed to: mjascholarshipfundinc@yahoo.com

Selection Process

Judging will be based on a weighted, objective criteria which includes academic achievements, extracurricular, community activities and essay. An interview via Zoom will also be conducted with the top two candidates. The scholarship recipient must be a registered student to the college or training school of their choice.

A. BIOGRAPHICAL SKETCH

Last Name	First Name	M.I.
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Permanent Address (The Scholarship Recipient will receive a letter and email)

Street Address	Apt. #
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City	State	Zip Code
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Email	Phone Number
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If you are under the age of 21, please indicate the information below:

Legal Guardian/Parent with whom you live

First Name	M.I.	Last Name
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Street Address	Apt. #
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City	State	Zip Code
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Email	Phone Number
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B. SCHOOLING

Are you presently in (check one):

☐ High School ☐ College ☐ Trade School ☐ Graduate School

Name of School Presently Enrolled _____

School Address _____

City	State
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Anticipated Graduation Date _____

Counselor Name _____ Phone # _____

Counselor's Email _____

If you are awarded this scholarship,

What is the name of the institution and the address that the scholarship will be sent?

___ I have applied to the institution the scholarship will be sent.

___ I have been accepted to the institution the scholarship will be sent.

If attending a trade/technical school, what is your certification _____

If attending college or graduate school, what is your major? _____

C. Programs and Activities

List any activities or programs you have participated in while on campus in the last 4 years (such as clubs, student government, music, debate, publications, art, etc.)

(If in high school, complete HIGH SCHOOL activities ONLY.)

High School Activity	Description	Dates

(If you have graduated from high school, complete POST-SECONDARY activities ONLY for the last 2 years.)

Post Secondary Activity	Description	Dates

Job/Kind of Work	Employer	Dates Employed	Hours/wk

(List internships, jobs (including summer employment) you have had in the last 2 years.)

List volunteer work you have completed in your community in the last 2 years.

Volunteer Work	Description	Dates

What additional information would you like to share with the review committee? (200 words or less including spaces)

D. ESSAY

Please use a separate sheet of paper to respond to the following question. Your response should be typed, between 300-500 words and should include your full name in the top right corner of each page. Points will be deducted if responses are not typed.

QUESTION: Why do you deserve to receive this scholarship?

Certification and Release Authorization

The following information must be fully completed for the applicant to be considered for scholarship awards.

I certify this information is true, complete, and accurate. I also authorize the release of this information to confirm and /or verify this application. I agree to use any scholarship funds awarded at an accredited educational institution by December 31, 2026. I grant permission to use my information, testimony and/or picture in publications promoting the McCrimmon Johnson Academic Scholarship.

Applicant's name _____
Please Print

Applicant's signature _____ Date _____

Parent's/Guardian's
name _____
(If applicant is 21 years old or younger) Please Print

Parent's/Guardian's signature _____ Date _____

How did you find out about us?

_____ Website _____ Mail _____ Other (specify) _____