



Dr. Jennifer Hammond Clamme Memorial Scholarship

Spring 2025



Dr. Jennifer Hammond Clamme graduated from Blackford High School and Taylor University before graduating from Indiana School of Medicine. She completed her residency at IU Health Ball Memorial Hospital and became a Blackford County physician in 2012. Jennifer owned Reliant Health Care in Hartford City until they closed their doors to patients.

Jennifer was very caring and her patients were very important to her. She spent a lot of time helping others and giving back to her community. She had an amazing support system with her family and she was very proud of her children, always sharing stories of their accomplishments. She was always quick to smile and her heart of gold did not go unnoticed to her family or her community.

Jennifer is the daughter of Daniel G. Hammond and Margaret (Bell) Hammond. Daniel serves on the Arts Place Corporate Board of Directors, and Margaret is a piano instructor at Arts Place locations in Hartford City and Portland. Jennifer was married to Matthew B. Clamme with whom she has three children.

Jennifer's family has started this scholarship in her memory to encourage participation in the arts.

One scholarship is awarded annually to a current MusicWorks student receiving instruction at the Arts Place's Blackford County Arts Center.

DEADLINE FOR APPLICATION IS DECEMBER 13TH, 2024 AT 5 PM.

It is recommended this application be computer generated or neatly hand written.

Please submit application to:

Amanda Chaffins, Controller,

Arts Place, Inc., 131 East Walnut Street, P.O. Box 804, Portland, IN 47371

or administration@myartsplace.org

All applicants will receive their decision electronically to the email address provided on this application

This scholarship is provided thanks to the generosity of the
Dr. Jennifer Hammond Clamme Memorial Fund of Arts Place.



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I attest that the information provided below is true and accurate to the best of my knowledge.

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Other Phone: _____

School: _____ Email: _____

Instrument(s): _____

Parent/Legal Guardian Name: _____

X _____
(Student Signature)

X _____
(Parent/Guardian/Signature)

Music Experience: Please print/type answers on a separate sheet and attach to this form.

1. What instrument do you play? How many years you have played it? How many years you have taken lessons at Arts Place? Who was your instructor(s)?
2. How has music instruction made a difference in your musical skills?
3. Why is music important to your education? How has music impacted your life?
4. Tell us about your involvement in music at your school and in the community.