

JMW SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ DOB: _____

EMAIL ADDRESS: _____

HIGH SCHOOL ATTENDING: _____

GRADUATION DATE: _____ GPA: _____

NAME OF COLLEGE ACCEPTANCE: _____

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GIVE PERMISSION FOR JMW DIRECTORS TO RECEIVE MY GPA AND COLLEGE

ACCEPTANCE INFORMATION FROM MY HIGH SCHOOL LISTED.

SIGNATURE OF APPLICANT: _____

ESSAY OF COMMUNITY SERVICE DONE (250 WORDS)