



John Wood Community College Non-Traditional Waiver Application

Name _____
Last First Middle Prior

Address _____
Street City Zip

Day Phone _____ Evening Phone _____

Social Security Number _____ Date of Birth _____

High School _____ Graduation Date _____

Work Experience	Church/Community Groups

Expected Major _____ Term/Year you plan to attend _____

Please indicate how this scholarship would help you reach your goals at JWCC.

I understand that if I am selected as a recipient of this award I will still be required to apply for financial aid. **(Please apply as early as possible.)** I also understand that, if I am a resident of Illinois and a qualifier for the Illinois Student Assistance Commission's MAP Grant, those funds will be applied to my tuition first.

Signature _____ Date _____