2020 Fall John Wood Community College Foundation Adams County—JWCC Concurrent Enrollment Scholarship Application

Name			
Last	First	Middle	
Last 4 digits Social Security Number	Birthdate	Home Phone -	_
Last 4 digits Social Security Number			
Email address		Cell phone	
Address			
Street	City	State ZIP	
High school attending			
De vous alon to other I WICC often bish solven	19 DV-s DV-s DM-s-h-s		
Do you plan to attend JWCC after high school	or les ino imaybe		
What is your intended area of study?			
what is your intended area or study.			
Do you plan to pursue a bachelor's degree?	□Yes □No		
If yes, what are you hoping to do with your c	ollege degree?		
Did your mother or father attend college?	Yes □No		
Please list all current extra-curricular activities	es (Note: A separate sheet or res	ume may be attached):	
I certify that, to the best of my knowledge, all			
correct, and I hereby give permission for this	information to be released to th	e aonor of this scholarship.	
Signature		Date	
~-6		Duic	

Submit completed application with your completed High School Dual Enrollment form. If you have questions regarding the JWCC Dual Enrollment Scholarship application, please call the JWCC Advancement Office at 217.641.4104.

2021 Spring John Wood Community College Foundation Adams County—JWCC Concurrent Enrollment Scholarship Application

Name	First	Middle	
Last 4 digits Social Security Number	Birthdate	Home Phone	
Email address		Cell phone	-
AddressStreet	City	State ZIF)
High school attending			
Do you plan to attend JWCC after high scho	ol? □Yes □No □ Maybe		
What is your intended area of study?			
Do you plan to pursue a bachelor's degree?	□Yes □No		
If yes, what are you hoping to do with your o	college degree?		-
Did your mother or father attend college?	Yes \(\subseteq No		
Please list all current extra-curricular activiti	ies (Note: A separate sheet or resu	me may be attached):	
I certify that, to the best of my knowledge, al correct, and I hereby give permission for this			
Signature		Date	

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