Revised 2/2019
JEAN WRIGHT MEMORIAL SCHOLARSHIP
APPLICATION FORM

Applicant Name
Street Address
City State Zip
C Number Cell Phone
Email Address
ACC/CCC
Street Address
City State Zip
Phone Number Relationship
to Graduate

List below extracurricular college activities, years participated, offices held and a contact person in each
organization, with phone or email.

List community activities and/or jobs, years participated, and contact person in each organization (with
phone number).

List honors, awards and scholastic achievements.

I hereby authorize the Scholarship Committee to review my records to determine eligibility for an