

JACQULYN BIBB MEMORIAL SCHOLARSHIP APPLICATION

Name:	Contact Number:
Email Address:	
Mailing Address:	
Current Grade Point Av	erage (GPA):
Date of Acceptance in T	enholm State Community College Culinary Arts Program:
Have you received any o	her financial awards?
If yes, please list amoun	
What special situation o evaluating your applicat	circumstance (if any) do you feel the committee should know in on?
	f recommendation, official high school transcript, a 500-word essay, and ool and community involvement over the last two years.
If under 18 years old, plea	e complete parent contact information below.
Parent's Name:	
Mailing Address:	
Contact Number:	
Email Address:	
Parent's Signature	Date
Student's Signature	Date
	Please Return Application to: Women in Touch Montgomery, Inc.
	P.O. Box 4192
	Montgomery, Alabama 36103-4192 womenintouchmontgomery@gmail.com
	(Must be postmarked by March22, 2024)