Tom Webb Scholarship Fund Application

Name:		
Address:		
Telephone:	E Mail address:	
Date of Birth:	Gender:	
Parent/guardian:		
Address: (If different than a	pplicant)	
Telephone:	E Mail address:	
High School now attending:		
I am planning to attend	College/University or	Technical School
I havehave not	been accepted Current gra	de point average
List school activities, work e	xperience and any volunteer work	
now has Jubilee impacted yo	our life and your plans for the futurer.	
 Student signature	 Parent/Guardian s	signature ————————————————————————————————————

On a separate piece of paper, write an essay on how this scholarship will help you to attain your educational/vocational goals. (up to 500 words)

Send completed application and essay by May 1 to: Tom Webb Scholarship Fund Committee, Jubilee Family Development Center, 1512 Florida Ave., Lynchburg, VA 24501