I AM CREATIONS, INC.

Chad-Vincent Xavier Wright Fellowship Application

Application Submission Period January 1 – March – 31, **2024**. No Exceptions! Please Print Legibly.

Attach Required Letter to Completed Form & Mail to I AM Creations, Inc./CVXW Fellowship, 1501 Jacksonian Plaza #16347, Jackson, Mississippi 39211-9998

PERSONAL INFOR	MATION					
Your Name						Age
Residential Address						
Name Of Parent That You Live		Phone Number				
Place of Employment of Parent				Estimated Household Income		
Name of Other Parent				Phone Number		
Number of Siblings			How You Rank Among Siblings			
HIGH SCHOOL ED	UCATION					
Name of High School						
Address of School						
Grade Level 10 th - 12th Exact Date/Date/Year of High School Graduation			GPA (Grade Point Average)			
School's Telephone Number						
Principal's Name		Counselor's Name				
Sports Activities						
CONTINUING EDU	CATION					
College You Plan To Attend			Anticipated Date of Enrollment			
Address						
Major						
How Do You Plan To Pay For	College?					
I verify that the information subr participation in the program. I a Inc. reserves the right to disqua	igree that the use of my nam	e, likeness, pictures or anyth				
Parent of Applicant's Signature	rent of Applicant's Signature Applicant's Sign					 Date