



JAKE C. WILSON MEMORIAL FOUNDATION, INC.

SCHOLARSHIP APPLICATION

DEADLINE TO TURN IN: APRIL 15, 2021

Name _____ Birth Date ____ - ____ - ____

Place of Birth _____

Address _____

Father's Name _____ Mother's Name _____

Father's Employment/Place of Work/Type _____
 Mother's Employment/Place of Work/Type _____

Number and Ages of Other Children at Home: _____

School Activities and Organizations (feel free to supplement and include letters of recommendation). Include church, City, and other philanthropic organizations:

Jake C. Wilson Memorial Foundation, Inc. connections or volunteering, if any:

****This part to be filled out by Counselors***

High School Graduation Plan:	Minimum	Recommended	Distinguished
G.P.A. _____	Class Rank _____		

Employment: List employers and type of employment during high school

What college/institution do you plan to attend? _____

What have you chosen for your degree/career? _____

For which schools have you applied for admission? _____

Have you taken either of these tests? (Y/N: List score, if yes): SAT _____ ACT _____

What separates you from the other applicants for this scholarship? _____ add pages?

The above information is true. I shall accept the decision of the Scholarship Selection Committee as final.

Signature of Applicant _____

Please return to: Diane Wilson (email) scholarship@jakecwilson.com or (address) 15820 CR 322 Terrell TX 75160