JAKE C. WILSON MEMORIAL FOUNDATION, INC.
SCHOLARSHIP APPLICATION

Deadline to file: April 1, 2027

Incomplete applications *WILL NOT* be considered

Applicants will be selected based on the following criteria:

1. **Academic performance**
2. **Community participation and/or volunteer work**
3. **Extracurricular activities**
4. **Financial need (will not be based on race, gender, ethnicity or religious preference)**

NAME: _____

DATE OF BIRTH __/__/____

ADDRESS: _____

CITY_____, ST___ ZIP _____

PHONE _____

EMAIL_____

FATHER'S NAME_____ PLACE OF EMPLOYMENT_____

MOTHER'S NAME_____ PLACE OF EMPLOYMENT_____

NUMBER & AGES OF OTHER CHILDREN IN THE HOME: _____

WHAT DO YOU KNOW ABOUT THE JAKE WILSON MEMORIAL FOUNDATION:

WOULD YOU BE WILLING TO VOLUNTEER WITH JAKE WILSON MEMORIAL FOUNDATION AND WHAT IMPACT WOULD YOU HOPE TO BRING TO THIS ORGANIZATION THROUGH YOUR TIME OR TALENT?

HIGH SCHOOL YOU CURRENTLY ATTEND:
WHAT CAREER HAVE YOU CHOSEN:
WHAT COLLEGE/TRADE SCHOOL DO YOU PLAN TO ATTEND:
WHAT SCHOOLS HAVE YOU APPLIED FOR:

PLEASE ATTACH THE FOLLOWING:

SCHOOL ACTIVITIES AND ORGANIZATIONS (INCLUDE CHURCH, CITY OR OTHER NON-PROFITS)
VOLUNTEEER WORK WITHIN YOUR COMMUNITY
LIST OF EMPLOYMENT
TRANSCRIPT!!!

ATTACH AN ESSAY WITH MINIMUM OF 300 WORDS/ MAX 750 WORDS EXPLAINING WHY YOU ARE THE BEST CHOICE FOR THIS SCHOLARSHIP (EXLUDING RACE, ETHNICITY, GENDER AND/OR RELIGIOUS REASONS)

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

Signature of applicant: _____

Send completed application to: scholarship@jakecwilson.com
For further information, please contact Diane Wilson @ 972/567-5215