WILSON TRUST

SCHOLARSHIP APPLICATION FORM 2025

The **WILSON TRUST** was established by the late Carol and Keith Wilson of Saint John, New Brunswick. The Trust is intended toprovide assistance, primarily for students attending Hillcrest United Baptist Church, to attend Crandall University or other Christian institutions within the Maritime Provinces. The main criterion for awards is demonstrated financial need. If there is no need among Hillcrest students, applications from students attending area Baptist churches within a 75-kilometer radius **may** be considered.

# **Instructions for Applicants**

Please submit the following three items to Kathy@hillcrestsj.ca by June 30th each year:

1. a completed scholarship application form.
2. a cover letter outlining your educational goals; the university and faculty in which you are enrolled; your anticipated expenses and revenue shortfall for the coming school year; and reasons why you feel you are a candidate for this scholarship.
3. a copy of the transcript of your marks.

If you have any questions, please refer your request to

Mrs Katie Moore or Ms Cherry Thorne

through the e-mail address noted above.

#### WILSON TRUST- Scholarship Application Form

## **Student Information** (Please type or print)

Last Name First Name Middle

Street/Mailing Address City /Town Postal Code

Name of High School Year of graduation Average

Post High School education - degree, diploma, certificate or course completed & year

|  |  |  |  |
| --- | --- | --- | --- |
|  | year |  | year |
| 1 |  | 5 |  |
| 2 |  | 6 |  |
| 3 |  | 7 |  |
| 4 |  | 8 |  |

Extra curricular activities (school/church/community)

|  |  |
| --- | --- |
| Student council, sports, music, drama, leadership opportunities, volunteers, etc | year |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Outstanding achievements/awards\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment History starting with most current.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job/position | Employer | Casual/ PT/ full time | Hours/week | Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

WILSON TRUST –Scholarship Application Form

### Financial Assistance – list scholarships, loans, or gifts you have received

 or expect to receive

|  |  |  |  |
| --- | --- | --- | --- |
| Name and year – already received | Amount | Pending | Amount |
| 1 |  | 1 |  |
| 2 |  | 2 |  |
| 3 |  | 3 |  |
| 4 |  | 4 |  |
| 5 |  | 5 |  |

Parental Assistance Available – yes or no (circle)

|  |  |  |
| --- | --- | --- |
| Name of Parent | Occupation | Current Employer |
| Mother |  |  |
| Father  |  |  |

Spousal Assistance (If applicable)

|  |  |  |
| --- | --- | --- |
| Name of Spouse | Occupation | Current Employer |
|  |  |  |

References – names of two people who may be contacted for further information

|  |  |  |
| --- | --- | --- |
| Name  | Address | Relationship to applicant |
|  |  |  |
|  |  |  |

Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number where you may be contacted if necessary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All applicants will receive notification in writing of the decision regarding their request. Successful applicants will be asked to provide their social insurance number and confirmation of enrollment prior to distribution of an award. All recipients will receive a T4A at the end of the year for income tax purposes.