

# **CENTRALIA FOUNDATION**

## **Scholarship Application**

### ***JERRY AND ROSEMARY WILSON SCHOLARSHIP FUND***

**Application Deadline – March 8, 2024**

(Applications received after this date will be considered after on-time applications.)

**Return Application & Transcripts to:**

**Centralia Foundation  
Nina Buchele  
115 E 2<sup>nd</sup> Street  
Centralia, IL 62801**

(Located in the conference center at Centralia Recreation Complex)

# **Jerry and Rosemary Wilson**

## **SCHOLARSHIP CRITERIA**

SCHOLARSHIPS SHALL BE MADE TO GRADUATES OF CENTRALIA HIGH SCHOOL, THAT DEMONSTRATE NEED, WITHOUT REGARD TO RACE, COLOR, CREED OR NATIONAL ORIGIN. PREFERENCE SHALL BE GIVEN TO THOSE STUDENTS WHO ARE ENROLLED IN OR ARE ENROLLING IN KASKASKIA COLLEGE.

### **Release Statement – Signature Required**

I certify that, to the best of my knowledge, all statements submitted are accurate and my own. I understand this application and all records gathered during the process are confidential and will not be disclosed to me. Access will be restricted to appropriate committee members. If I am selected as a recipient of this award, I give permission to release my name and/or photo to the news media.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH A COMPLETE TRANSCRIPT OF ACADEMIC RECORDS TO BE CONSIDERED. HARD COPY OF APPLICATION WITH SIGNATURE REQUIRED.**

**DEADLINE: MARCH 8, 2024**

**Jerry and Rosemary Wilson**  
**APPLICATION FOR 2024-2025 SCHOLARSHIPS**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Street City State Zip

Email \_\_\_\_\_ Phone \_\_\_\_\_ H: \_\_\_\_\_ C: \_\_\_\_\_

**Honors or Awards:** (indicate whether community, high school, or university/college):

**Activities:** (indicate whether community, high school, or university/college):

**Your career or educational goals:**

What is your cumulative GPA? \_\_\_\_\_ What is your current academic status? (check below)

High School Senior  College Freshman  College Sophomore  College Junior  College Senior  Other

What college do you plan to attend for the 2024-2025 academic year? \_\_\_\_\_

From which High School did you graduate? \_\_\_\_\_

Year of High School graduation or GED \_\_\_\_\_ Anticipated year of graduation w/bachelors \_\_\_\_\_

**Parent's name, occupation & annual income** (must be completed by students if claimed as dependents on their parents income tax return.) (If student is selected as recipient, a copy of parents income tax return MAY be required to verify financial need.)

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Student Income \$ \_\_\_\_\_ Estimated Educational costs for full academic year \$ \_\_\_\_\_

**Please provide all other financial assistance received (including scholarships) and any further information related to special needs or circumstances:**

Reminder: Attach Transcript!