

WILSON TRUST

SCHOLARSHIP APPLICATION FORM

The **WILSON TRUST** has been established as a result of the generosity of Mrs Carol Wilson and her late husband, Keith Wilson of Saint John, New Brunswick. The Trust is intended to provide assistance, primarily for students attending Hillcrest United Baptist Church, to attend Atlantic Baptist 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 complete the following application form along with 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. Attach a transcript of your marks, and a self-addressed envelope and send to the following address by **May 31**

Attention: Mr Richard Mabey
Hillcrest United Baptist Church
476 Lancaster Avenue
Saint John, NB. E2M 2L7

If you have any questions, please contact Mr Richard Mabey at 506-635-1835, or Ms Cherry Thome at 506-634-8918

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 _____

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 enrolment prior to distribution of an award. All recipients will receive a T4A at the end of the year for income tax purposes.