

Johanna Wilk Memorial Scholarship (*est. 1987*)
Application

Two \$2,500 awards are available to Union Catholic graduating seniors exhibiting academic excellence and achievement, community service and financial need.

This award seeks to support students who plan to dedicate their lives to improving the lives of others. Intention to pursue a career in a medical profession is given more weight, but will not preclude consideration of applicants pursuing other professions.

In addition to your completed application, you must attach the following supporting documents:

1. A **personal letter** explaining:
 - a. Reasons for requesting scholarship assistance
 - b. Goals and plans for the future
 - c. Interests and activities significant in your life
 - d. Employment experience, including the use of earnings. If employment is through your family-owned business, indicate whether compensation is received.
 - e. Any extenuating family circumstances or information (illness, expenses, job loss, etc.)
2. **One letter of recommendation, preferably from the student's school counselor.** (*Counselor letter will be attached, if requested when handing in your completed application.*)
3. A **student resume** outlining your activities both in Union Catholic and your community.
4. An **official high school transcript**, including SAT and/or ACT scores. (*Will be attached, if requested when handing in your completed application.*)

All completed materials must be returned to School Counseling Assistant Mrs. Kelly Kahney in the School Counseling Office by Friday, March 15, 2019 at the latest. Earlier is appreciated.

Applications will not be accepted after this date.

About Johanna Wilk

Johanna Wilk loved life and people. She was a devoted wife, mother, and grandmother, and loved children of all ages. A resident of Scotch Plains, she worked as a teacher's aide in a local middle school. She was a UC mom (her three children are UC alumni). She passed away suddenly in October 1985, in her mid-50's, due to complications of asthma. In her time on earth, she loved those who crossed her path and was always there to lend a helping hand, a shoulder to lean on, or a listening ear. She had a deep and abiding faith and respected people of all religions. She was fully human, and would not have wanted to be remembered as larger than life. She taught the true power of love by the way she lived. She taught by her example more than her words and strove to bring out the best in others. The goal of the Johanna Wilk Foundation is to keep her spirit alive and to recognize, honor, and foster a spirit similar to hers in its recipients. Its scholarships are part of Johanna Wilk's legacy and carry on her spirit of humanity.

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Johanna Wilk Memorial Scholarship Application

APPLICANT INFORMATION (type or print clearly in ink)

Name: _____ Home Phone: _____

Street Address: _____ Town: _____

Email: _____ Cell Phone: _____

List all Colleges/Institutions to which you have applied in order of preference.

<i>College/Institution</i>	<i>Accepted</i>	<i>Pending</i>	<i>Annual Cost (tuition, room & board)</i>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____
8. _____	_____	_____	\$ _____
9. _____	_____	_____	\$ _____
10. _____	_____	_____	\$ _____

Major: _____

Applicant's Paid Employment Record for previous 4 years (include self-employment):

Employer/Position/Dates/Hours per week

1. _____
2. _____
3. _____
4. _____

FAMILY INFORMATION

Parents/Legal Guardians

Father/Mother/Legal Guardian (if applicable)

Name: _____

Marital Status: _____

Employer: _____

Occupation: _____

Current Position: _____

Father/Mother/Legal Guardian (if applicable)

Name: _____

Marital Status: _____

Employer: _____

Occupation: _____

Current Position: _____

Please indicate if either parent is deceased: Father _____ (year) Mother _____ (year)

With whom do you reside? Both parents ____ Father ____ Mother ____ Other ____ specify: _____

Siblings

Total number of children in the family: _____

List all dependent brothers and sisters

Name, Age, School/College, Grade/Year

1. _____
2. _____
3. _____
4. _____

Additional Dependents

If other people depend on your parents for financial assistance, please provide:

Name, Relationship, Address

1. _____
2. _____

EDUCATIONAL FINANCING INFORMATION (must be submitted by ALL applicants)

Plan for financing 2019-2020 academic year:

Tuition, room & board, estimated books & other fees

Applicant (self-help): From Savings \$ _____ \$ _____

From Earnings \$ _____

Parent/Guardian: From Savings \$ _____ \$ _____

From Earnings \$ _____

From Other Sources \$ _____ \$ _____ Specify: _____

Total \$ _____ \$ _____

TOTAL FAMILY CONTRIBUTION \$ _____ Additional funds needed (if any) \$ _____

Do you intend to file a Free Application for Student Aid (FAFSA)? _____

Will you accept a Guaranteed Student Loan? _____

Indicate the total dollar amount your parents/guardians have already contributed toward YOUR education (tuition, fees, room & board) and that of ALL siblings, including those no longer dependent. Do not include preschool or daycare expenses.

Total Educational Expenses \$ _____

List financial aid packages already received for the 2019-2020 academic year:

Name of school(s) granting financial aid: _____

Scholarships \$ _____ Student Loans \$ _____

College Grants \$ _____ Work Study \$ _____

Indicate the total dollar amount of all financial aid (including scholarships, grants, loans and work study) previously received by your family for YOUR post high school education AND that of ALL siblings, including those no longer dependent.

Total Financial Aid \$ _____

SIGNATURES

The Johanna Wilk Foundation relies entirely upon the application and the materials requested in making its selections of scholarship recipients. Please be assured that all information will be kept in the strictest confidence.

A parent or guardian must sign the application to validate the accuracy of the information submitted.

By signing this application, we certify that all the information reported is complete and accurate.

Applicant Signature (required) **Date**

Parent/Legal Guardian (required) **Date**