

 Wilson Education Partnership

 **Jimmy Tillman Athletic Memorial Scholarship**

 **Application Form**

#

**Award Amounts**: For 2024 we will award a $3,500 scholarship to a senior athlete.

**Eligibility:** Any senior planning to attend a 4 year college.

**Qualification:** To qualify for the scholarship, the student should:

* be active in athletics at his/her school
* have a minimum weighted GPA of 3.0
* have a leadership position in a school activity/athletics

**Please submit** **the following: (review for grammar, spelling and clarity)**

* Completed application
* Type the following, in bullet form, separated by category
	+ High School activities
	+ Community/Charity Volunteer Activities
	+ Leadership Positions
	+ Work Experience
* 2-3 minute video answering the following question:

What skills have you acquired through your participation and leadership roles in sports that will help you achieve your goals in college and beyond?

(The video does not have to be professional, you can record it on your phone. Reach out to your media specialist if you need help.)

Applications and supporting documents must be emailed as one pdf file torobin.williams@wilsonschoolsnc.net. Videos can be emailed or uploaded to your google drive and shared with Robin Williams.

 The deadline for submission is **May 8, 2024.**

No paper copies or alternate formats will be considered. If you do not receive a confirmation of receipt within 2 days, please reach out.

Please direct any questions to WEP Executive Director, Robin Williams, at robin.williams@wilsonschoolsnc.net.

**Tillman Application**

**Please complete the following information:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone\_\_\_\_\_\_\_\_\_\_**

 **Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where will you be attending college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Grade Point Verification Form**

**Please have your counselor fill out the following information.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a weighted grade point average of \_\_\_\_\_\_\_**

**.**

 **Student Name**

**Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**