

**PATTI JOHNSON WILSON  
FOUNDATION**

C/O Trust Company of Oklahoma

P.O. Box 3627

Tulsa, OK 74101-3627

**Scholarship  
Application**

**2023 - 2024 Year**

Name of University:

Major (circle):

**MUSIC   ENGINEERING   LIBERAL ARTS**

The PATTI JOHNSON WILSON FOUNDATION grants scholarships to undergraduate students majoring in MUSIC, ENGINEERING or LIBERAL ARTS (Anthropology, Classics, English, History, Languages, Literature, Philosophy and Sociology).

In granting scholarships, the Foundation trustees consider the academic record, financial need, professor's letter of recommendation and the applicant's desire to supplement his or her college expenses through part-time employment. The MINIMUM undergraduate grade point average is 3.5 (on a 4 point system). The trustees prefer applicants that work at least ten hours per week. The awards are made at the sole discretion of the Foundation Trustees. The typical scholarship awards range between \$6,000 to \$8,000 per academic year.

**STUDENTS: APPLICATIONS MUST BE RECEIVED BY THE FINANCIAL AID OFFICE BY MARCH 17, 2023.**

**FINANCIAL AID OFFICE: APPLICATIONS MUST BE RECEIVED BY THE PATTI JOHNSON WILSON FOUNDATION BY APRIL 7, 2023.**

STUDENT'S LAST NAME			FIRST	MIDDLE	BIRTH DATE (m/d/yr)		STUDENT IDENTIFICATION NUMBER	
PERMANENT ADDRESS / STREET				CITY		STATE / ZIP		AREA CODE / TELEPHONE
SCHOOL ADDRESS / STREET				CITY		STATE / ZIP		AREA CODE / TELEPHONE
EXPECTED GRADUATION DATE	CUMULATIVE GPA	TOTAL HOURS	HOURS THIS SEMESTER	CLASS So-Jr-Sr (Circle)	MARITAL STATUS	MALE / FEMALE		
HIGH SCHOOL (City, State)	GRADUATION DATE	CLASS STANDING						

LIST YOUR PRESENT EMPLOYER, AVERAGE HOURS WORKED PER WEEK, AND DESCRIBE YOUR JOB DUTIES. WHAT PERCENT OF COLLEGE EXPENSES ARE EARNED BY YOUR EMPLOYMENT? LIST PREVIOUS EMPLOYMENT HISTORY IF YOU BELIEVE IT WOULD BE OF INTEREST TO THE TRUSTEES.

HOURS WORKED EACH WEEK:  
DURING SCHOOL YEAR

DURING SUMMER

APPLICANT'S SUMMARY OF EDUCATIONAL OBJECTIVES, CAREER GOALS, BACKGROUND, AND SPECIAL CIRCUMSTANCES OR FACTORS THAT YOU THINK MAY BE USEFUL TO THE TRUSTEES IN MAKING THEIR DECISION IN AWARDING YOU A SCHOLARSHIP.

(Type on separate sheet if necessary.)

BY SIGNING THIS FORM, I AM PROVIDING MY WRITTEN CONSENT FOR THE OFFICE OF STUDENT FINANCIAL SERVICES AT THE UNIVERSITY TO COMPLETE THE SCHOLARSHIP FORM AND SUBMIT IT TO THE AGENCY ISSUING THE SCHOLARSHIP.

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE.

( ) PREVIOUSLY APPLIED FOR A PATTI JOHNSON WILSON FOUNDATION SCHOLARSHIP.

( ) NOW RECEIVING A PATTI JOHNSON WILSON FOUNDATION SCHOLARSHIP.

APPLICANT'S SIGNATURE

DATE

**PATTI JOHNSON WILSON  
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APPLICANT'S NAME

ATTACH RECOMMENDATION FROM APPLICANT'S DEAN OR PROFESSOR IN MAJOR FIELD OF STUDY.  
(The separate letter of recommendation should be on University letterhead, signed and placed in a sealed envelope .  
Put the student's name and "Patti Johnson Wilson Foundation - Recommendation Letter" on the outside of the envelope.)

SIGNATURE OF DEAN / PROFESSOR

DATE

PRINT / TYPE NAME

TELEPHONE NUMBER

**STUDENT LOAN INFORMATION**

What percentage of your education will be funded through student loans?

What is the average annual starting salary in your chosen field?

(You may wish to check the Bureau of Labor Statistics Occupational Employment Statistics website for information  
[www.bls.gov/oes/](http://www.bls.gov/oes/), a website such as [www.salary.com](http://www.salary.com) or the website for your chosen field of work.)

Understanding that using loans to finance your education places an obligation on you to repay those loans, will you be able to keep the total amount of loans for your education at a level that you can afford to repay given your chosen career?

RECOMMENDATION / CERTIFICATION FROM UNIVERSITY'S STUDENT FINANCIAL AID OFFICE.  
PLEASE INCLUDE FINANCIAL NEED, OTHER SCHOLARSHIPS, LOANS, ETC.

COST OF EDUCATION \$

LESS:

PARENT'S CONTRIBUTION -

STUDENT'S CONTRIBUTION -

GRANTS -

SCHOLARSHIPS -

NEED BEFORE LOANS \$

ANTICIPATED LOANS:

\$

\$

TOTAL

\$

RECOMMENDATION BY THE FINANCIAL AID OFFICE:

SIGNATURE OF FINANCIAL AID OFFICER

DATE

PRINT / TYPE NAME

TELEPHONE NUMBER

NAME AND ADDRESS OF HOMETOWN NEWSPAPER:

NAME AND ADDRESS OF PARENTS:

**Suggestions:** This application will be reproduced for each trustee of the Foundation. We suggest that you type it. If typing is not possible, then print very legibly in black ink. If you attach pages to the application, such as letters of recommendations, then please reference each on this form. You will be notified in writing during May about the decision of the trustees.