

# EVELYN HODES WILSON SCHOLARSHIP

**About the Scholarship:**

Evelyn Hodes Wilson devoted her life to scientific research and to higher education. Born into a family of humble means early in the 20<sup>th</sup> century; through hard work in applying her rare intellectual gifts, she went on to become the first woman at Harvard to earn a Chemistry PhD, to synthesize the widely used drug Prednisone, and rose to the Vice-Presidency at Rutgers University in New Jersey. Evelyn was, throughout her life, an active role model for countless women academics in science, a champion of women's rights, and a promoter of education in the arts.

To honor Evelyn Hodes Wilson; her husband, Armin Wilson, and their son, Jonathan Wilson, have established a scholarship fund in her memory for undergraduates at Soka University.

**Scholarship Amount:**

- The scholarship amount is determined at the completion of the 2023-24 academic year. Recipients will be notified by the Office of Financial Aid during the summer of 2024.

**Eligibility:**

- The Evelyn Hodes Wilson Scholarship is available to undergraduate female students currently enrolled in the 2023-24 academic year and will be graduating during the 2024-25 academic year.
- Students that have attained outstanding academic achievement.
- Students that have unmet financial need, as determined by the Office of Financial Aid.

**Application Deadline:**

- The deadline to submit your application to the Office of Financial Aid is May 31, 2024 by 5:00PM PT.



## Office of Financial Aid

### SECTION A: Student Information

Name (Last, First, MI): \_\_\_\_\_

SUA Student ID#: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION B: Eligibility

1.) Expected Graduation Date: \_\_\_\_\_

2.) Cumulative GPA: \_\_\_\_\_

3.) Have you completed a 2024-2025 Financial Aid Application?

YES

NO

4.) You must attach an unofficial transcript to your application.

5.) Students must have unmet financial need, as determined by the Office of Financial Aid.

### SECTION C: Certification (Check all boxes)

**Authorization** – I authorize the Office of Financial Aid and/or the Scholarship Committee to verify my university status and any of the information provided as part of this scholarship application.

**Release** – If I am selected as a recipient of this scholarship, I allow the Office of Financial Aid to release my scholarship application and demographic information to the donor and/or other departments on campus.

**Thank You Letter** – If I am selected as a recipient of this scholarship, I acknowledge that I will be required to write a thank you letter to the donor prior for any scholarship funds being awarded to my account. The thank you letter will be delivered to the Office of Financial Aid. The Office of Financial Aid will be responsible for delivering the thank you letter to the donor.

**I am Female**



**Office of Financial Aid**

**SECTION D: Impact of Education**

1.) In the space provided below, please explain how your Soka education has impacted your life.

2.) List all significant awards, activities, leadership positions, service projects, and research projects:

_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please attach any supporting documentation that you believe would be relevant to this application.)



Office of Financial Aid

**SECTION E: Future Aspirations**

In the space provided below, please explain what you aspire to do with your Soka education after you graduate.

**SECTION F: Signature**

By signing this form, I certify that all the information reported on this application is complete and accurate to the best of my knowledge. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of this scholarship. If selected for this scholarship, it will be added to your financial aid package and may impact eligibility for other financial aid awards. Recipients will be notified by the Office of Financial Aid if selected and will be required to write a thank you letter to the donor prior to the scholarship being awarded.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Applications and supporting documents can be mailed, mailed inter-office, hand-delivered, or emailed to the Office of Financial Aid at [financialaid@soka.edu](mailto:financialaid@soka.edu) with the subject line of: **Evelyn Hodes Wilson Scholarship.**