

The William H. (Bill) Simon Scholarship Application

Please print in ink. Attach a copy of you current Student Aid Report and letters of recommendation from a school official and a parish priest. Send completed application to:

Simon Scholarship
P.O. Box 104900
Jefferson City, MO 65110-4900

1) Applicant's Name _____ Date ____/____/____
 Address _____ Phone (____) _____
 City _____ State ____ ZIP _____

2) Member of _____ Parish since ____/____/____
 Confirmed ____/____/____ at _____ Church.

3) List Catholic activities/services that you have participated in during the past four years.

Activity	Date(s)	Description

4) I will/have graduate(d)from _____ High School
 on ____/____/____ or I completed my GED on ____/____/____.

5) List, in order of preference, the colleges/universities to which you have applied.

College/University	Address	Accepted? (Y/N)	Plan to attend? (Y/N)

6) Parent or Guardian's Name(s) _____

Address _____ Phone (____) _____

City _____ State _____ ZIP _____

7) State any conditions involving expenses or possible hardships which the committee should take into consideration (i.e. 4 in college, deceased parent, recent loss or change of job, number of dependents, etc.).

8) List other sources of financial aid (grants, scholarships, state aid, etc.) for which you have applied or received.

Award Name	Estimated Amount	Awarded? (Y/N)	Pending? (Y/N)

9) **Career/Educational Objective:** Describe briefly why you want to attend college. What personal attributes will help you succeed in college?

Certification - I hereby certify that all statements contained herein are true and correct and give permission to the selection committee to verify information pertaining to this application.

Applicant's Signature _____ **Date** ____/____/____

For Selection Committee Use Only	
Receipt Date ____/____/____	Priest Recommendation _____
Nine-month EFC _____	School Recommendation _____
Committee Reviewed _____	Approval _____
Reason for Decline _____	