



# *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)

