



# *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.

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

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.).

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

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

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

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**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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