

SIGMUND FOUNDATION SCHOLARSHIP

The Sigmund Foundation Scholarship was established to provide financial assistance to Jackson and Lenawee County graduating high school seniors, students already enrolled in college as full or part-time students, or residents interested in furthering their educations. The scholarship of up to \$5,000 can be renewed through the application process. Funds are restricted to *tuition, books and related fees*. Although not limited to any specific field of study, priority will be given to students majoring in the medical and aviation fields. Award announcements are made in mid-July.

Eligibility Criteria:

- * Jackson or Lenawee County resident
- * Acceptance at an accredited college or university
- * Proof of financial need
- * Cumulative grade point average of 2.5 or higher
- * Completion of the Free Application for Federal Student Aid (FAFSA)

Selection Criteria:

Receipt of all requested application material by the stated deadline. Follow all directions as stated on this form.

An interview may be requested at the discretion of the scholarship committee

Scholarship Award:

Up to \$5,000 depending upon the number of credit hours taken each semester. The award will be split between two semesters. Prior recipients can reapply through the renewal application process.

Requirements:

The following must be returned to the Sigmund Foundation and postmarked on or before April 15:

- Completed scholarship application
- Two page type-written, double spaced *essay* describing your life, accomplishments and goals
- One letter of *recommendation* from an adult *other than a family member or a teacher*. Do not send more than *one*. A school-related employee such as coach or counselor will be accepted. (Please use the form provided.)
- An official cumulative *transcript* through the most recent term. Include ACT/SAT scores only if you are a graduating high school senior.
- Copy of the front page of the last *two* most recent *family tax returns*
- Financial Information Summary form completed by you and sent to the college or university you plan to attend.

It is the *responsibility of the applicant* to make certain that all requested material is sent to the Foundation. Completed application and attachments should be sent to the Bill and Vi Sigmund Foundation, P.O. Box 1128, Jackson, MI 49204. Forms will not be accepted via E-mail or hand delivery. This includes recommendations.

For questions: E-mail sigmundfoundation@sbcglobal.net or call the Foundation at 517-784-5464. Application form is available on-line at www.sigmundfoundation.org.

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Application – Page 1

A. Application Information:

First/Middle/Last Name: _____

Permanent Address: _____

City/State/Zip: _____

Date of Birth: _____ Social Security #: _____

Phone: _____ Email Address: _____

Reprint Email Address: _____

High School: _____ Graduation Date: _____

Jackson County or Lenawee County resident. (Circle which county) Male ___ Female ___

B. Family Information for Dependent Students *(Independent students without parental assistance, skip to Section C.)*

Name of father/stepfather/guardian: _____

Address: _____

City/State/Zip: _____

Occupation: _____ Employer: _____

Name of mother/stepmother/guardian: _____

Address: _____

City/State/Zip: _____

Occupation: _____ Employer: _____

Check if applicable: ___ Father deceased ___ Mother deceased ___ Parents divorced

Ages of other children in your family other than yourself _____ Number of family members in college other than yourself: _____

C. Personal Information: *(For Independent students, only.)*

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

Number of Children: _____

Number of Children Living at Home and Ages _____

D. College/University Information:

Year in college during the coming academic year: Fr. ___ So. ___ Jr. ___ Sr. ___ Grad. ___

School you are planning to attend: _____

City/State of School: _____

Full-time Student: ___ Part-time Student: ___ If part-time, number of credits: ___

Major Field of Study: _____

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Scholarship Application – Page 2

E. School and Community Activities

Using **only the spaces below**, list major extracurricular, community, and religious activities in which you have participated during the past four years. Please list the activities in order of importance.

Use only this sheet. Additional attachments will not be accepted.

Activity	# of Years	Leadership Positions, Awards, Recognition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Work Experience

Using **only the spaces below**, please list your paid work experience during the past four years, beginning with your most recent position.

Employer	Nature of Work	Dates	Hours/Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Additional information /circumstances that you would like the scholarship committee to know: _____

Certification:

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge

Signature: _____ Date: _____

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Scholarship Recommendation Form

To the applicant: Please fill in your name and address before giving this form to the person you have asked for a recommendation.

First/Middle/Last Name: _____

Address: _____

City/State/Zip: _____

To the recommender: The student named on this form is applying for a scholarship and has asked you to provide the Sigmund Foundation with any information you feel would be helpful in reviewing his/her application. You may be assured that the information will be considered confidential. If you are unable to complete this form by the deadline, please notify the applicant so that he/she may secure another reference.

Name of Reference: _____ Phone: _____

Signature of Reference: _____ Date: _____

When providing a recommendation please do the following:

1. Write a letter of recommendation on the back of this form or on a separate sheet of paper. Please sign it and include it with this form.
2. Incorporate the following in your recommendation:
 - Compare the student to others you have known.
 - Describe the qualities or characteristics you feel set this student apart.
 - Any special circumstances you feel are relevant.

Please return this form to the applicant or to the following address by the **April 15 deadline.**
(We will not accept e-mailed forms.)

Sigmund Foundation Scholarship
P.O. Box 1128
Jackson, MI 49204

You may call or e-mail any questions you may have.
E-mail: sigmundfoundation@sbcglobal.net
517-784-5464

Website: www.sigmundfoundation.org

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2009-2010 Financial Information Summary – Page 1

(a.) To the Scholarship Applicant: Complete Section (a), only Parent signature required for dependent students. *Then, take or send this form to the university/college Student Financial Aid Office where they will complete Section (b).*

I authorize _____ to release the information below to the
(college or university)
Sigmund Foundation for consideration during the scholarship selection process.

Name of Student: _____

Address: _____

City/State/Zip: _____

Phone: _____

Parent's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

(b.) To the Financial Aid Office: The above named student is applying for a Sigmund Foundation Scholarship. Please complete the following information and postmark to the address listed below by **June 1 or after you have received current FAFSA information.**

Sigmund Foundation Scholarship
P.O. Box 1128
Jackson, MI 49204
Phone: 517-784-5464
E-Mail: sigmundfoundation@sbcglobal.net

Please enter the results of your calculation using the methodology applicable to an external scholarship award.

College Cost/Budget for current year\$ _____

Parent Contribution \$ _____

Student Contribution \$ _____

Calculated Need \$ _____

As far as I can tell, this student completed the FAFSA _____ Yes _____ No

This student was evaluated as: _____ a dependent student _____ an independent student

The student's grade level classification in the fall will be: _____

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Financial Information Summary – Page 2

Student's Social Security #: _____

To the Financial Aid Office: Information for this coming academic year should reflect the aid package offered to the student.

Gift Aid	Amount Offered
College Gift Aid	
Grants	\$ _____
Scholarships	\$ _____
Federal Grants/Pell & SEOG	\$ _____
Michigan Competitive Scholarship or Grant	\$ _____
Other Scholarships, Grants or Gifts	\$ _____

Self-help Aid	Amount Offered
Federal Stafford Loan (subsidized only)	\$ _____
Federal Perkins Loan	\$ _____
Institutional Loan	\$ _____
Federal Work-Study (FWS)	\$ _____
Other	\$ _____
 Total Financial Aid Offered (for the upcoming academic year only)	 \$ _____
Unmet Need for (for the upcoming academic year) – need minus aid	\$ _____

This financial aid package information is based on
_____ Estimated information, verification pending
_____ Estimated information no verification intended
_____ Verified information

Name of person completing this form: _____

Title: _____ Phone: _____ E-Mail: _____

College/University: _____

Address: _____

City/State/Zip: _____