

## SIGMUND FOUNDATION SCHOLARSHIP

The Sigmund Foundation Scholarship was established to provide financial assistance to Jackson and Lenawee County Michigan graduating high school seniors, students already enrolled in college as full or part-time students, or adult 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 nursing and aviation fields. All applicants will be notified of award decisions 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 - (do not use staples):

- 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 Federal *family tax returns*. ***Black out all Social Security numbers.***
- Financial Information Summary form signed 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](mailto:sigmundfoundation@sbcglobal.net) or call the Foundation at 517-784-5464. Application form is available on-line at [www.sigmundfoundation.org](http://www.sigmundfoundation.org).

# SIGMUND FOUNDATION SCHOLARSHIP

Application – Page 1

## A. Application Information:

First/Middle/Last Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail 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: \_\_\_\_\_

# SIGMUND FOUNDATION SCHOLARSHIP

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: \_\_\_\_\_

# **SIGMUND FOUNDATION SCHOLARSHIP**

## 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](mailto:sigmundfoundation@sbcglobal.net)  
517-784-5464

Website: [www.sigmundfoundation.org](http://www.sigmundfoundation.org)

# SIGMUND FOUNDATION SCHOLARSHIP

## 2010-2011 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](mailto: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

Name of Student: \_\_\_\_\_

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

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

<b>Self-help Aid</b>	<b>Amount Offered</b>
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: \_\_\_\_\_