

# PAUL R. AND ELIZABETH C. SIMON SCHOLARSHIP APPLICATION FORM

This scholarship is available to a Dalton High School graduating senior who possesses good moral character, achieves good academics, and needs financial assistance. The applicant must be enrolling in a post-secondary school on a full-time basis. This is a renewable scholarship for up to four years.

*Please print or type*

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

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Birth date \_\_\_\_\_

Email address \_\_\_\_\_

High School \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

## SCHOOL INFORMATION

What is the name and address of the college/university/technical school you plan to attend?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your probable major field of study \_\_\_\_\_

\_\_\_\_\_

Briefly explain why you have chosen this field of study \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ACTIVITIES**

Please list interests and activities as follows:

School (include offices held)

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Community/Church

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Hobbies/Special Interests

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Employment (list most recent first and dates, also include hours per week)

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**FINANCIAL INFORMATION**

List anticipated educational costs:

Tuition/fees _____	Lab fees _____
Room/Board _____	Books _____
Transportation _____	Misc _____
Other _____	

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Sources of financial assistance:

List any scholarships/grants/loans (name and amount):

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Are there any special circumstances, other than family income, that should be considered in evaluating your application (family debts, loss of income, illness, etc.)? If so, please explain \_\_\_\_\_

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**ALSO INCLUDE**

- An essay explaining why you should be chosen for this scholarship. Please attach your response to this application. Essays should be between 200-250 words.
- An official transcript of your grades from high school, including ACT or SAT scores.
- A copy of your Student Aid Report (SAR) Acknowledgement from the U.S. Department of Education's Federal Student Aid Office (response from completing the FAFSA).

**SIGNATURES**

We hereby certify that all information in this application is accurate.

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Signature of Student

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Signature of Parent/Guardian

**Return completed application to your guidance counselor by April 16<sup>th</sup>.**

*Note: If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued in July, prior to the new school year. No checks will be awarded directly to any individuals.*