



Simon Scholar Application Class of 2019

**Please attach
your photo here**

STUDENT INFORMATION

(Note: Please complete application in black ink only – DO NOT USE A PENCIL)

Name: First _____ MI ____ Last _____

Last 4 digits of your Social Security# _____ Student I.D.# _____

Date of Birth: _____ Gender: Male Female

Applicant Ethnicity/Race:

African American European African Hispanic/Latino Asian

Native American Middle Eastern Pacific Islander Caucasian

Other (Specify ethnicity) _____

Home Phone (____) _____ Cell Phone: (____) _____

Email Address: _____

Permanent Mailing Address:

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Physical Address: (must be provided if different than mailing address)

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

School Information:

High School _____

School District _____ Counselor _____

How long have you been attending current high school? _____

Previous high schools (if applicable) _____

Student Residency Status:

To be eligible to become a Simon Scholar, you must be a U.S. Citizen or a Permanent Legal Resident.

City, State and Country of Birth: _____

I confirm that I am a: (Check One) U.S. Citizen Permanent Legal Resident Initials _____

Permanent Resident # (if applicable) _____ Issue Date: _____

Please attach a copy of your Permanent Resident's Card (if applicable).

Education and Career Goals:

Upon graduation from high school, do you plan to attend:

2-Year College 4-Year College Trade School Other _____

Will you be the first person in your immediate family to attend college? Yes No

If "No," please specify which family member attended college and the name of college he or she attended

and year of graduation: _____

Name up to 3 colleges or universities you would consider attending:

1. _____

2. _____

3. _____

Fields of interest/career path(s) you plan to pursue: _____

FAMILY HISTORY/GUARDIAN INFORMATION

What is your first language? _____

Is English spoken at home? Yes No

Mother's Information

No Current Contact Mother is Deceased (Date of Death _____)
(Even if you are not in contact, please fill out the information listed below to the best of your knowledge)

Mother's Marital Status: Single Married Separated Divorced Widowed

Name: First _____ Last _____

Street Address: _____

City, State, Zip Code _____

Phone Number (____) ____-____ E-Mail Address _____

Owns Home Rents Home Rents Apartment Rents Room Other (*specify*) _____

Do you live with your mother? Full time Part time Not at all

Highest Education Completed by Mother: (Check one)

No Formal School Elementary School High School 2-Year College

4-Year College Graduate Degree Trade School or Certificate Program

Father's Information

No Current Contact Father is Deceased (Date of Death _____)
(Even if you are not in contact, please fill out the information listed below to the best of your knowledge)

Father's Marital Status: Single Married Separated Divorced Widowed

Name: First _____ Last _____

Street Address: _____

City, State, Zip Code _____

Phone Number (____) ____-____ E-Mail Address _____

Owns Home Rents Home Rents Apartment Rents Room Other

Do you live with your father? Full time Part time Not at all

Highest Education Completed by Father: (Check one)

No Formal School Elementary School High School 2-Year College

4-Year College Graduate Degree Trade School or Certificate Program

Additional Household Information (continued)

How many brothers and sisters in total, including half or step-siblings do you have? _____

Do you have additional siblings not living with you? Yes No

If yes, please list name, age and gender below.

Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION

FEDERAL TAX RETURN REQUIREMENTS
*Please attach a copy of the entire most recently filed 1040 (or 1040A) Federal Tax Form for **both** parents or guardian(s) and, in addition, the tax return of any individual(s) for which you are being listed as a dependent and/or supports you financially. If applicable, include **all** necessary schedules (i.e. Schedule A, Schedule C, Schedule E, etc.) Welfare stubs or CalWorks stubs must also be included for income verification. If privacy is an issue, parents may submit unfolded tax return(s) in a large, sealed envelope with the applicant's name and school written clearly on the outside. Incomplete financial statements will disqualify the applicant. Due to the sensitivity of this documentation, all submitted tax records will be destroyed at the completion of the application process.*

Mother's or Legal Guardian's Occupation/Title: _____

Employer: _____

Mother's Annual Income for 2016 (Gross Income from W-2s or 1099s): \$ _____

Father's or Legal Guardian's Occupation/Title _____

Employer: _____

Father's Annual Income for 2016: (Gross Income from W-2s or 1099s) \$ _____

Parents File Tax Return Jointly Separately (Check one)

Total number of family members supported by this income _____

Financial Information (continued)

Does your family receive additional financial payments?

If you answer "yes" to any of the boxes checked below, please indicate monthly amount:

- Child support \$_____ Alimony \$_____ Social Security/Disability \$_____
- Unemployment \$_____ Food stamps \$_____ Public Assistance \$_____
- Other \$_____ (Please specify source of income along with amount)

Has your family income changed significantly in the past year? Yes No If "Yes," please explain:

If either or both of your parents/guardians are unemployed, when were they last employed? _____

What was their previous job title and salary? _____

STUDENT ACTIVITIES

Extracurricular Activity/Description
(Clubs, Sports, Music/Arts)

From
(Mo/Yr)

To
(Mo/Yr)

<u>Extracurricular Activity/Description</u> (Clubs, Sports, Music/Arts)	From (Mo/Yr)	To (Mo/Yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors & Awards Received (Please list most recent first)

Name of Award/Description

Year Received

Name of Award/Description	Year Received
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employment

Are you, the applicant, currently employed? Yes No

If yes, where do you work? _____

How many hours per week: _____ Hourly Wage Earned: \$ _____

Community Service/Volunteer Work

	From (Mo/Yr)	To (Mo/Yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL ESSAY

Write a personal essay and attach it to your application. The essay should be typed, double-spaced and approximately 500 words (2 pages double-spaced).

Use this essay to give us more information about who you are and why you want to become a Simon Scholar. Please discuss any personal obstacles, hardships, and/or extraordinary life circumstances that you are currently experiencing or have overcome. What strengths, skills, or resources have helped you to face these challenges? Tell us about your short and long-term educational and life goals and how the Simon Scholars Program would impact you. Please also take this opportunity to share something about yourself that will help us to better understand your personality, character or interests.

APPLICANT CERTIFICATION AND RELEASE OF INFORMATION

Have you ever been subjected to disciplinary action (such as suspension or expulsion) by any school you have attended? If yes, please explain.

Have you ever participated in any activities that do not reflect the high standards established by the Simon Family Foundation or that would prevent you from being an effective role model? If yes, please explain

The Simon Scholars Program is an intensive participatory program that requires extra personal time for weeknight, weekend and overnight events scheduled throughout the year. We understand that a Scholar may have other commitments (i.e., sports, band, etc.); however, each Scholar event is mandatory and requires full and complete participation. Failure to attend the Summer Conference, the Awards Banquet or Fall Retreat during your first year as a Simon Scholar will result in immediate termination of your Scholarship. The Foundation will attempt to work with the Scholar and school administration, but we expect complete and full participation. Please make sure you are willing and able to fully commit to this Program before submitting your application.

Can you and will you agree to participate fully? Yes No

Is there any other activity or conflict that will prevent you from attending? Yes No

If "Yes", please explain the extent of your involvement and the time requirement for this activity: _____

APPLICANT

I certify that I have provided complete and accurate information. I further certify that all documents are authentic and unaltered. I understand that I must notify the Foundation of any change in my full-time school enrollment or application status. I further declare that if I am selected as a Simon Scholar, I will continue to attend a Certified Simon Scholar High School and commit to fully participating in all Foundation events, acting as a role model and abiding by the Simon Scholar minimal GPA requirements. I understand that if I am found to be in violation of any of these requirements, my scholarship may be terminated. In signing this agreement, I agree to fully commit to the Program, even though I may be involved in other activities.

Student Signature

Date

PARENT/GUARDIAN

I authorize the _____ School District to release the student records of _____, my child, including transcripts, to the Simon Family Foundation and Simon Scholar Selection Committee. I declare that if my child is selected as a Simon Scholar, I will provide support and encouragement to him/her as they participate in Foundation activities, expand their educational goals and begin planning their future. The Simon Scholars Program may use photos/videos of scholars for publications including but not limited to press releases, newsletters, websites, social media and/or videos to promote positive public relations.

Parent or Guardian Signature

Date

Parent or Guardian Name (Printed)

Relationship

CHECKLIST

PLEASE SUBMIT YOUR APPLICATION TO
YOUR SCHOOL GUIDANCE COUNSELOR'S OFFICE

Go to simonfamilyfoundation.net and/or your school guidance office to determine application deadlines for your particular school district.

Use the following checklist to ensure that all requested documents are enclosed:

- _____ Completed Application Form with Signatures
 - _____ Clear Photograph (Color Head Shot – Passport Photo Size)
 - _____ Request Official High School Transcript from Guidance Counselor to be included in your application packet.
 - _____ Most recent **Complete** Federal Tax Return for Both Parents/Guardians as well as all supporting documentation such as Welfare or CalWorks stubs, Social Security payments, Schedule C, etc.
 - _____ Copy of Permanent Resident's Card (if applicable)
 - _____ Personal Student Essay
 - _____ Two Completed Recommendation Forms (see attached forms)
- Note: At least one recommendation must be from a high school teacher.***
- _____ Counselor's Reference

This application must be filled out in its entirety. Incomplete applications will not be reviewed or considered. All submitted documents must arrive in the same package.



Simon Scholar Recommendation Form

Applicant Information:

Name: First _____ MI ____ Last _____

High School: _____

Date Form Was Given to Recommender: _____

Instructions to Applicant:

This recommendation is extremely important. Your recommender should know you well and be aware of your life situation as well as your academic and personal attributes. This could be a teacher, counselor, employer, minister, community leader, etc. This person must not be a relative or friend.

Instructions to Recommender: ***(Please return your recommendation to the student in an envelope with your signature across the seal.)***

The student named above is competing for a highly selective scholarship from the Simon Family Foundation (simonfamilyfoundation.net). The Simon Scholars Program is designed to give students who have experienced extreme adversity and who come from disadvantaged backgrounds a chance to earn a bachelor's degree from a four-year university and become productive citizens and leaders. Your evaluation of this student is critical because it will help us to determine if the student fits the Simon Scholar Profile. Selection of Simon Scholars is based upon an assessment of the student's talents, interests, and commitment to a love of learning, as well as an evaluation of the applicant's qualities of character, strength of motivation and academic potential. Please complete the recommendation form below. ***You are encouraged to submit a written narrative with descriptions and examples that illustrate why this student is special and deserving of this Scholarship. No form letters, please.***

RECOMMENDATION

Recommender's Name _____ Date: _____

Title/Occupation _____

Affiliation with Applicant _____

If teacher, please specify: Grade Taught Applicant: _____ School: _____

Subject Taught Applicant: _____

Phone Number (____) ____-____ E-Mail Address _____

How long have you known the applicant?

- Less than 1 Year 1-2 Years 2-3 Years 3+ Years

How well do you know the applicant?

- Casually Fairly Well Very well

Please rate the applicant on the following attributes by checking the appropriate boxes:

QUALITY	Excellent	Good	Fair	Poor
Ability/Academic Potential				
Achievement				
Effort/Motivation				
Maturity				
Integrity/Strength of Character				
Leadership Potential				

Comments on the above evaluation: _____

Overall, I, the Recommender:

- Enthusiastically Recommend Recommend Do not Recommend

Does the applicant exhibit any behavioral problems of which we should be aware?

Describe how the applicant relates to his/her peers: *(For example, Outgoing/Introverted? A Leader/Follower? Behavior in groups?)*

RECOMMENDER'S EVALUATION

Please provide information and examples specific to this applicant illustrating the student's life circumstances, character, leadership ability, and his/her determination to overcome hardships and obstacles. **Feel free to attach a typed narrative/letter or attach additional pages if necessary. No form letters, please. If you do not add any narrative on this student, it may reflect negatively on their consideration as a Scholar.**

Recommender's Signature

Date



Simon Scholar Recommendation Form

Applicant Information:

Name: First _____ MI ____ Last _____

High School: _____

Date Form Was Given to Recommender: _____

Instructions to Applicant:

This recommendation is extremely important. Your recommender should know you well and be aware of your life situation as well as your academic and personal attributes. This could be a teacher, counselor, employer, minister, community leader, etc. This person must not be a relative or friend.

Instructions to Recommender: ***(Please return your recommendation to the student in an envelope with your signature across the seal.)***

The student named above is competing for a highly selective scholarship from the Simon Family Foundation (simonfamilyfoundation.net). The Simon Scholars Program is designed to give students who have experienced extreme adversity and who come from disadvantaged backgrounds a chance to earn a bachelor's degree from a four-year university and become productive citizens and leaders. Your evaluation of this student is critical because it will help us to determine if the student fits the Simon Scholar Profile. Selection of Simon Scholars is based upon an assessment of the student's talents, interests, and commitment to a love of learning, as well as an evaluation of the applicant's qualities of character, strength of motivation and academic potential. Please complete the recommendation form below. ***You are encouraged to submit a written narrative with descriptions and examples that illustrate why this student is special and deserving of this Scholarship. No form letters, please.***

Simon Scholar Recommendation Form

Recommender's Name _____ Date: _____

Title/Occupation _____

Affiliation with Applicant _____

If teacher, please specify: Grade Taught Applicant: _____ School: _____

Subject Taught Applicant: _____

Phone Number (____) _____ - _____ E-Mail Address _____

How long have you known the applicant?

- Less than 1 Year 1-2 Years 2-3 Years 3+ Years

How well do you know the applicant?

- Casually Fairly Well Very well

Please rate the applicant on the following attributes by checking the appropriate boxes:

QUALITY	Excellent	Good	Fair	Poor
Ability/Academic Potential				
Achievement				
Effort/Motivation				
Maturity				
Integrity/Strength of Character				
Leadership Potential				

Comments on the above evaluation: _____

Overall, I, the Recommender:

- Enthusiastically Recommend Recommend Do not Recommend

Does the applicant exhibit any behavioral problems of which we should be aware?

Describe how the applicant relates to his/her peers: *(For example, Outgoing/Introverted? A Leader/Follower? Behavior in groups?)*

RECOMMENDER'S EVALUATION

Please provide information and examples specific to this applicant illustrating the student's life circumstances, character, leadership ability, and his/her determination to overcome hardships and obstacles. **Feel free to attach a typed narrative/letter or attach additional pages if necessary. No form letters, please. If you do not add any narrative on this student, it may reflect negatively on their consideration as a Scholar.**

Recommender's Signature

Date

COUNSELOR'S REFERENCE

STUDENT G.P.A. AND STANDARDIZED TEST VERIFICATION

Student's Name: _____

Student I.D. #: _____

This information is to be completed and signed by your school counselor, registrar, or other designated school representative. *Please leave this page in your completed application.*

Cumulative Weighted GPA (including Fall 2016 semester) _____

A complete transcript is attached. Yes No

Standardized Scores (To be completed and initialed by Counselor)

<i>PSAT Score/Percentile</i>	<i>Math /</i>	<i>Reading /</i>	<i>Writing /</i>
<i>Other Standardized Test Score (specify name of test)</i>	<i>Math</i>	<i>Language</i>	<i>Specify Subject:</i>

If scores are not available, please explain: (Test not offered, student chose not to take, student absent, student not aware that it was offered, etc.)

If student has any behavioral or disciplinary reports in their file, please include a copy with this application.

Counselor/Representative

Name: _____ Title: _____

Signature _____ Date _____