

SIGMUND FOUNDATION RENEWAL SCHOLARSHIP

As a recipient of the Sigmund Foundation Scholarship this past school year, you are eligible to reapply for the following school year assuming you are still an undergraduate student and/or have not had the scholarship for more than four years. Assuming you have a 2.5 grade point average, the following information will be needed to evaluate your request:

1. The attached Renewal Application.
2. Completion of Free Application for Federal Student Aid.
3. One- or two-page typewritten essay. The information should cover the most recent school year by giving highlights of your experiences, both good and/or bad; anything outstanding or unexpected that has happened; and a sentence or two about your career path (has it changed?).
4. A current **official** transcript that covers the **spring semester**. If you have not finished your spring semester, send this to us as soon as grades have been distributed.
5. Copy of the front page of **your parents** 2022 IRS tax return which shows *adjusted gross income*. (If you are *independent*, send in a copy of your return. Although you may have worked this past year and filed a tax return, **FAFSA is based on your parent's income**. Black out all Social Security Numbers.
6. Have your school complete the Financial Information Summary sheet.
7. If you do not have your own e-mail address, please obtain one immediately.
8. Application Deadline: June 7, 2023

Recommendations are not needed.

Should you have any questions, please contact me at sigmundfoundation@sbcglobal.net.

SIGMUND FOUNDATION SCHOLARSHIP
Renewal Application - 2023-2024

Application Information:

First/Middle/Last Name: _____

Permanent Address: _____

Phone: _____ E-mail Address: _____

College Graduation Date: _____

Name of High School: _____

Family Information: (If you are independent student who is not claimed on your parent's tax form, skip to the next section.)

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

Number of Children Living at Home and Ages other than yourself: _____ How many household members are in college other than yourself: _____

Independent Student - Personal Information:

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of Children Living at home and ages: _____

Number of Family members **other than yourself** who currently attend college: _____

College/University Information:

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

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: _____ Did you work during the past school year: _____ Yes
_____ No

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
FINANCIAL INFORMATION SUMMARY**

2023-24

To the applicant: Only fill out the top of this form. **Do NOT fill out the financial information.** Once completed, send this to the college or university you plan to attend. When it is returned to you, incorporate into your scholarship application information.

Name of Student: _____

Student Address: _____ City: _____ Zip: _____

Signature: _____

To the Financial Aid Office: Please fill out the following information **and return the completed information to the requesting student.** Information for this coming academic year should reflect the aid package offered to the student.

EFC \$ _____

College Cost for this coming year \$ _____

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	\$ _____

Name of College/University: _____

Financial Aid Signature: _____