

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** most recent 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 7th

Recommendations are not needed.

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

SIGMUND FOUNDATION SCHOLARSHIP
Renewal Application - 2025-2026

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**

2025-2026

To the applicant: Complete the top of this form, **ONLY**. Do NOT fill out the financial information. Once you complete the upper portion of this form (Name, Address, Signature), send it to the college or university you plan to attend. When it is returned to you, incorporate into your scholarship application packet.

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.

Student Aid Index (SAI) \$ _____

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 the upcoming academic year) - need minus aid \$ _____

Name of College/University: _____

Financial Aid Signature: _____

