

# SIGMUND SCHOLARSHIP FOR THE TRADES

The Sigmund Foundation Scholarship for the Trades was established to provide financial assistance to *needy* residents of Jackson and Lenawee Counties Michigan: graduating high school seniors, GED graduates, adult residents interested in furthering their careers or students already enrolled or planning to enroll in a technology school, trade school or community college trades program as full or part-time students. The scholarship of up to \$5,000 can be renewed through the application process. Funds are restricted to tuition, books and related fees. Fields may include but are not limited to manufacturing and construction trades, HVAC, automotive/flight mechanics, machining, plumbing, culinary arts, firefighting/EMS, cosmetology/barbering, welding, etc. Priority will be given to those with the *strongest financial need*. All applicants will be notified of award decisions via E-mail in mid-July.

## Eligibility Criteria:

- Jackson or Lenawee County resident
- Acceptance to an accredited/certified technology, trade school or community college
- Proof of financial need
- Two recommendation letters
- Completion of the Free Application for Federal Student Aid (FAFSA) by applicant.

## Scholarship Award:

Up to \$5,000 depending upon full or part-time status. The award will be split between fall/winter or spring/summer course work.

## Requirements:

The following must be returned to the Sigmund **Foundation**. However, if necessary, it can also be mailed and **postmarked on or before April 15 (See Instruction Sheet for details.)**

- **Completed scholarship application** including **all the required questions**.
- **Two letters of recommendation** from adults *other than family members*.
- Copy of the page from the most recent **Federal family tax return that shows the ADJUSTED GROSS INCOME**.
- Copy of your high school transcript.
- Financial Information Summary Sheet (attached) that is to be completed by the school you plan to attend.

It is the responsibility of the applicant to make certain that all requested material is completed and attached to the on-line application, including letters of recommendation. In the event there is a problem, the application can be mailed: **Bill and Vi Sigmund Foundation, P.O. Box 1128, Jackson, MI 49204**. This includes recommendations.

For questions: E-mail [sigmundfoundation@sbcglobal.net](mailto:sigmundfoundation@sbcglobal.net)

**SIGMUND SCHOLARSHIP FOR THE TRADES**

Application – Page 1

**A. Application Information:**

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

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

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

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

E-mail Address (required) : \_\_\_\_\_

Reprint E-mail Address: \_\_\_\_\_

High School you attended: \_\_\_\_\_ Year of Graduation/GED: \_\_\_\_\_

Current Occupation; \_\_\_\_\_

In which county do you live Jackson County \_\_\_\_\_ Lenawee County \_\_\_\_\_

Are you living at home with your parents: Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Number of Your Children: \_\_\_\_\_ Ages: \_\_\_\_\_

**B. School Information:**

On a full-time basis, how long (years) is your program: \_\_\_\_\_

How long (in years) do you plan to finish your program: \_\_\_\_\_

School you are planning to attend: \_\_\_\_\_ City/State of School: \_\_\_\_\_

Full-time Student: \_\_\_\_\_ Part-time Student: \_\_\_\_\_ Field of Study: \_\_\_\_\_

**C. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SIGMUND SCHOLARSHIP FOR THE TRADES**

Scholarship Application – Page 2

**D. Please answer the following questions in the space provided:**

1. Why did you select the trade that you will be studying?

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2. Why do you have need for a Sigmund Scholarship?

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**Certification:**

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SIGMUND TRADES SCHOLARSHIP APPLICATION INSTRUCTIONS

### \*Application:

Complete the two-page application. Do not forget to *sign the form*.

### \*Recommendations:

Have those who will recommend you submit their letters, then attach them to your application. It is your responsibility to make certain that the recommenders have followed through. *Do not send more than two recommendations.* (Please use the forms provided.)

### \*Tax Return:

Needed is the most recent year of your parent's Federal Income Tax return, **only the page that shows the *adjusted gross income***. \* Black out all Social Security Numbers. (\* Do not send Michigan tax forms.)

\* If parents are divorced, send the tax forms of the parent *who claims you*. \* If your parents are on *disability* and do not fill out tax forms, send some type of government proof such as a letter that your parent has received in the past stating that he/she is on disability.

\* If you are an **independent student**, send only the page of your tax return **that shows the adjusted gross income**, .

\*High School Transcript: Call your high school for a copy. They will send a copy to you or directly to us if you wish. It can be email to us at [sigmundfoundation@sbcglobal.net](mailto:sigmundfoundation@sbcglobal.net)

### \*Financial Information Summary Sheet

Should be completed by your future school and return to you. Send it with your application.

### Residency:

If you do NOT reside in Jackson or Lenawee counties but go to a Jackson or Lenawee school, you do NOT qualify for a Sigmund Scholarship.

### Send in your Application:

It is preferred that you complete your application on-line. However, if this is a problem, your material **MUST be postmarked on or before April 15** and mailed to: **Sigmund Foundation, PO Box 1128, Jackson, MI 49204.**

### Questions:

We prefer that all questions be addressed via E-mail by the applicant, *not the parent*. Our E-mail address is [sigmundfoundation@sbcglobal.net](mailto:sigmundfoundation@sbcglobal.net) Applicants will be notified of the board decision – one way or another – by E-mail on or before July 15. Please do not call before that time for outcomes.

## SIGMUND SCHOLARSHIP FOR THE TRADES

### 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 person 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. When writing your letter of recommendation, please sign it and include it with this form.
2. Incorporate the following in your recommendation:
  - Compare the applicant to others you have known.
  - Describe the qualities or characteristics you feel set this applicant apart.
  - Any special circumstances you feel are relevant.

Please return this form to the applicant as soon as possible. The applicant's deadline is **April 15.**

Do you have a question? Let us know.  
E-mail: [sigmundfoundation@sbcglobal.net](mailto:sigmundfoundation@sbcglobal.net)

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**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 school you plan to attend. When it is returned to you, incorporate it 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.

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: \_\_\_\_\_