

## 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 5th

Recommendations are not needed.

Should you have any questions, please contact me at [sigmundfoundation@sbcglobal.net](mailto:sigmundfoundation@sbcglobal.net).

**SIGMUND FOUNDATION SCHOLARSHIP  
Renewal Application**

**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:**

Martial 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**

**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 \$ \_\_\_\_\_

<b>Gift Aid</b>	<b>Amount Offered</b>
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College Gift Aid

    Grants \$ \_\_\_\_\_

    Scholarships \$ \_\_\_\_\_

Federal Grants/Pell & SEOG \$ \_\_\_\_\_

Michigan Competitive Scholarship or Grant \$ \_\_\_\_\_

Other Scholarships, Grants or Gifts \$ \_\_\_\_\_

<b>Self-help Aid</b>	<b>Amount Offered</b>
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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: \_\_\_\_\_

