

# *The William H. (Bill) Simon Scholarship Fund*

## ***Purpose***

The William H. (Bill) Simon Scholarship Fund awards scholarships to Catholic students who are in financial need for the purpose of attending an accredited college or university of the student's choice. The scholarship is \$ 1,000 per semester to assist the student in meeting educational needs. Scholarship funds are paid directly to the institution or to the student upon presentation of receipts paid to the institution for tuition, fees, and/or room and board. It is the intent to award three new scholarships each year; however, the actual number of new awards will be contingent upon the current number of previous recipients that are eligible for renewal.

## ***Criteria***

To be eligible to receive the Simon Scholarship, the student must meet the following criteria:

- You (or your family) must be a registered Catholic in the Jefferson City Diocese.
- You must complete a scholarship application in full.
- You must obtain a written letter of recommendation from a school official (e.g. teacher, counselor, principal, coach) and your current or past parish priest/pastoral administrator.
- You must demonstrate financial need. You will be required to submit a copy of your Student Aid Report (SAR). This report is generated through the completion of the Free Application for Federal Student Aid (FAFSA). The FAFSA is available at all guidance and financial aid offices and at most libraries. It may also be filed electronically via the Internet.

## ***Scholarship Renewal***

The scholarship is renewable for \$ 1,000 per semester for up to eight (8) semesters (\$8,000 maximum). Unless there is a major change in the student's ability to pay, the scholarship will be renewed as long as all other following criteria are met:

- Submit a letter of good standing from local parish pastor or Newman Center that shows the continuation to live a Catholic life
- Maintain a GPA of 2.0 on a 4.0 scale each semester and provide official grade reports for the preceding semester.
- Show successful completion of at least nine (9) academic hours for the preceding semester
- Provide documentation of enrollment or intent of enrollment in at least nine (9) academic hours for the upcoming semester.

***Renewal must be requested by the student in writing with the appropriate documentation each semester. To request RENEWAL, send proof of criteria to:***

**Diocese of Jefferson City  
Attn: Office of Parish Services - Scholarships  
2207 W Main St  
Jefferson City, MO 65109**

**Or scan and email to [scholarship@diojeffcity.org](mailto:scholarship@diojeffcity.org)**

**Or upload renewal documents online at  
<https://diojeffcity.org/scholarship-renewal-form/>**

# *The William H. (Bill) Simon Scholarship Application*

*Please print in ink. Attach a copy of your current Student Aid Report and letters of recommendation from a school official and a parish priest. Send completed application to:*

**Diocese of Jefferson City  
Attn: Office of Parish Services – Scholarships  
2207 W Main St  
Jefferson City, MO 65109**

**Or complete online application at <https://diojeffcity.org/simon-scholarship-application/>  
Or scan and email to [scholarship@diojeffcity.org](mailto:scholarship@diojeffcity.org)**

1) Applicant's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 Email Address \_\_\_\_\_

2) Member of \_\_\_\_\_ Parish since \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Confirmed \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ Church.

3) List Catholic activities/services that you have participated in during the past four years.

Activity	Date(s)	Description

4) I will/have graduate(d) from \_\_\_\_\_ High School  
 on \_\_\_\_/\_\_\_\_/\_\_\_\_ or I completed my GED on \_\_\_\_/\_\_\_\_/\_\_\_\_.

5) List, in order of preference, the colleges/universities to which you have applied.

College/University	Address	Accepted? (Y/N)	Plan to attend? (Y/N)

6) Parent or Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

7) State any conditions involving expenses or possible hardships, which the committee should take into consideration (i.e. 4 in college, deceased parent, recent loss or change of job, number of dependents, etc.).

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8) List other sources of financial aid (grants, scholarships, state aid, etc.) for which you have applied or received.

Award Name	Estimated Amount	Awarded? (Y/N)	Pending? (Y/N)

