

THE RICHARD SIEGEL FOUNDATION
2023 SCHOLARSHIP APPLICATION
(Please print or type)

Student Name: _____ Date of Birth: _____

Social Security Number: ____ - ____ - ____

Address: _____

Home Telephone Number: _____

Parent/guardian cell phone no. _____

E-mail address for parent/guardian: _____

E-mail address for the applicant: _____

I hereby verify that the information provided in this application is true, accurate, and complete. I hereby acknowledge that any finding that I have provided false or inaccurate information on this application, including any attachments hereto, will result in the forfeiture of any scholarship awarded to me and my liability to reimburse the Foundation for any payments previously made to me.

SIGNED:

AFFIRMED:

Student

Parent, Legal Guardian or Custodian

*Both signatures are required unless the student is currently 18 years of age or older.

Attached is a Uniform FERPA Release Form. This form must be filled out in its entirety and signed by the student and the parent, legal guardian, or custodian if the student is not currently 18 years of age.

PLEASE ATTACH THE FOLLOWING:

1. An official sealed copy of your 7th Semester High School transcript
2. A copy of ACT scores from the School Guidance Department.
3. Signed Uniform FERPA Release Form
4. Two personal recommendations, one from a teacher (not a guidance counselor) and one from a person outside your school. Each recommendation must state how many years they have known the applicant and in what capacity (family friend, personal or business relationship, etc.).
5. A formal typed letter with a minimum of approximately 300 words and **a maximum not to exceed 600 words** answering the following question:
“Why is this scholarship important to you?” (See SAMPLE)
6. A copy of your Student Aid Report (SAR) showing the Expected Family Contribution (EFC in the upper right-hand corner). Your EFC score must be in the status of complete, not incomplete. Incomplete scores are indicated by an * next to the EFC score. The SAR is generated by submission of the FAFSA. *It takes four to five workdays to obtain this report. If this report is not included with the application, the application will not be considered by the scholarship committee.*
7. The selection committee might interview applicants.
8. Incomplete applications or applications with missing information will not be considered.

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**SUBMITTED APPLICATIONS MUST BE POSTMARKED, OR HAND DELIVERED
BEFORE CLOSE OF BUSINESS (5 PM) ON FEBRUARY 15, 2023 TO:**

**The Richard Siegel Foundation
C/O First United Methodist Church
Attention: Siegel Scholarship Coordinator
265 West Thompson Lane
Murfreesboro, TN 37129**

1. High School(s) With Address Attended:

2. _____ Cumulative G.P.A. (on 4.0 scale) at end of 7th High School Semester:

3. _____ Date of Graduation

4. _____ Highest ACT Composite Score (Provide copy of scores with transcript)

5. List your top three choices of colleges:

1. _____
2. _____
3. _____

6. List honors and awards received during High School, beginning with the freshman year.

| | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

7. List extracurricular activities during High School, beginning with the freshman year.
Clubs, club leadership positions, sports teams, band, etc.

| | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

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8. List community service involvement during High School, beginning with the freshman year. Church mission trips, community volunteer service, scouts, etc.

| | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

9. _____ (yes or no) Are you still a dependent for federal income tax purposes?
If yes, what relationship to you is the person claiming you as a dependent (do not list name)

_____ (yes or no) Do you live at the same address as the person listed above?

10. _____ What is the total number of dependents, including you, claimed by the person listed in your answer to question 10?

11. Please list the ages of all dependents, excluding you, claimed by the person listed in your answer to question 12. Note which, if any, will be enrolled in college during the coming academic year.

12. _____ (yes or no) Are you employed after school, on the weekends, and/or when school is out? If yes, what type of work do you do, and how many hours per week do you work?

13. Describe any other work activities, including the number of hours per week (e.g., family farm, helping at home, family business).

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14. List the scholarships and/or grants for which you have applied, including TN Promise.

15. List the scholarships and/or grants you have been approved for, including TN Promise.

16. Are any extenuating circumstances related to your financial need that would be helpful information to the Board of Trustees? If so, please describe it below.

17. In the space provided, please indicate your family's adjusted gross income from last year's federal income tax return.

- _____ Under \$20,000
- _____ \$20,000 to \$35,000
- _____ \$35,000 to \$50,000
- _____ \$50,000 to \$65,000
- _____ \$65,000 to \$80,000
- _____ \$80,000 to \$100,000
- _____ \$100,000 to \$120,000
- _____ \$120,000 to \$140,000
- _____ \$140,000 to \$160,000
- _____ Over \$160,000

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Family Rights and Privacy Act of 1974 (FERPA) Release

Student Name: _____ Date of Birth: _____

Student's ID (Social Security Number) Number: _____

Student's Phone Number: _____

FERPA provides for the confidentiality of student education records. Your chosen university or college may neither disclose your certain educational information nor permit inspection of your education records without your or your parent's permission.

I (on behalf of my child, _____ if my child is not 18 years of age) hereby grant permission to the officials of _____ ("School") to provide copies of written records or permit inspection and review of the contents of my education records described below, and/or to discuss my academic performance with Josh Markham, Gina King of MidSouth Bank or any other authorized representative or agent of the Richard Siegel Foundation.

The purpose of this disclosure is to provide relevant information to the Richard Siegel Foundation so that the Foundation may consider my scholarship request and so that, if my scholarship is awarded, the Foundation may monitor my academic progress while at this school to make sure that I achieve the required academic performance in order to maintain the scholarship.

This request is made in compliance with the FERPA (20 USCA Sec. 1232G). This waiver is intended to comply with 34 CFR § 99.30.

I hereby authorize the inspection of and/or to provide copies of the following documents:

- 1) All academic records, grade transcripts, graduation, and registration records in the Registrar's Office or wherever those records reside; and
- 2) All financial aid information, including the amount of financial aid being provided to me from the school or from outside sources that the school has a record of.

Access to this information does not grant others permission to alter the student's record or conduct business on behalf of the student. Changes to the student enrollment or academic record must be made by the student.

This Release remains in effect until you provide written revocation of your consent.

Student's Signature _____
Date

Student's Parent, Legal Guardian or Custodian (if student is under 18 years old) _____
Date

Student's Parent, Legal Guardian or Custodian (if student is under 18 years old) _____
Date

Office/Employee receiving Office _____
Date

Registrar's Office: Employee processing Date _____
Date placed in Banner

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Forward form to the Registrar's Office which will update SPACMNT indicating affected office(s). Original will be stored in the student's educational record. Copies will be sent to affected office(s).

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SAMPLE OF PERSONAL LETTER

**Name
Address
Telephone number**

Date

Re: Siegel Foundation Scholarship Application

**The Richard Siegel Foundation
C/O First United Methodist Church
Attention: Siegel Scholarship Coordinator
265 West Thompson Lane
Murfreesboro, TN 37129**

Dear Trustees:

(This formal typed letter should be a minimum of 300 words and should not exceed 600 words answering the following question: “Why is this scholarship important to you?”.)

Sincerely,

(Signature)

J. M. Smith