



## **THE SIMON ESTES EDUCATIONAL FOUNDATION, INC.**

### **2024 SCHOLARSHIP APPLICATION**

#### **THE FOUNDATION**

Led by Jayne L. Reed, a small group of Tulsans met with opera star Simon Estes who was in town to perform with the Tulsa Opera. Bound by a mutual belief in the importance of education and concern for the many bright high school seniors financially unable to attend college, the group decided to do what they could to assist these promising young students. As a result, in 1983 The Simon Estes Educational Foundation, Inc. was created with Mr. Estes and Ms. Reed as Co-Founders.

Since its inception in 1983, The Foundation has assisted hundreds of Scholars to attend prestigious colleges and universities throughout this country and participate in international study programs abroad. All graduates have taken their places in the professional world and serve as the greatest endorsement of the Foundation.

Our Mission: A multiracial, nonprofit Oklahoma organization, committed to promoting higher educational opportunities for Tulsa area high school seniors by providing scholarships made possible through charitable contributions. Moreover, The Simon Estes Educational Foundation not only provides funding, but it seeks to foster relationships with its students by providing mentoring opportunities throughout their college experience. While special consideration is given to African American, Asian/Pacific Islander, Hispanic, and Native American students, all applicants exhibiting scholastic excellence, financial need, and high moral standards are eligible on a non-discriminatory basis.

For more information on the history of The Simon Estes Educational Foundation, Inc. and its Scholars visit our website at [www.seef.org](http://www.seef.org).

#### **THE SCHOLARSHIP**

The Simon Estes Educational Foundation Scholarship offers an initial \$2,500 scholarship to senior-grade students planning to attend college the next academic semester immediately after graduation. This award may be renewed annually, up to four years, subject to available funding - renewal amounts may vary. The funds must be applied toward tuition, books, or university room and board. The applicant must be a U.S. citizen or a foreign national with resident status. Students who are in the U.S. on a Student Visa are not eligible for the scholarship. This funding can be applied at any public or private four-year accredited university or college in the United States or abroad.

The Anna Goodwin Benn Memorial Scholarship is restricted for students pursuing a law degree.

To maintain ongoing scholarships, students must maintain a 3.0 grade point average, be enrolled full-time and provide an official transcript after each semester. Additionally, students must write their designated Simon Estes Adopt-A-Scholar sponsor twice a year - if applicable, attend Foundation functions as requested, and complete 4 hours of volunteer service approved by the Foundation. Scholarships are limited and ALL prescribed deadlines are firmly enforced.

**SELECTION:** All submitted applications are thoroughly reviewed with the semifinalists being identified for a personal interview with the Foundation's Board of Directors who will select the Simon Estes Scholars.

**QUALIFICATIONS:** Applicants are carefully reviewed on the basis of a combination of criteria:

- Documented financial need
- Permanent residence in Tulsa, Creek, Osage, Okmulgee, Pawnee, Rogers, Wagoner, and Washington Counties
- Cumulative 3.5 GPA on a 4.0 scale, verified by official high school transcript, upon submission of application
- ACT or SAT scores
- Letter(s) of acceptance from the college or university of choice
- A well-defined motivation to pursue higher education

**For more information contact The Simon Estes Educational Foundation, Inc. at (918) 406-8852**



## THE SIMON ESTES EDUCATIONAL FOUNDATION, INC.

### INSTRUCTIONS FOR APPLICANTS

Please read instructions **CAREFULLY**. Incomplete applications will not be considered and applicants **will not** be notified of missing documents.

1. Do not leave questions blank. Use N/A (not applicable) in the blank if question does not apply to you.
2. Typed answers are preferred.
3. Provide full addresses with zip codes.
4. Submit an official 4-year high school transcript with ACT or SAT scores.
5. Attach a **SIGNED** copy of parent/guardian **2023** tax return(s) (Usually IRS form 1040 or 1040A). Please note that parents who complete their own tax returns must submit copies of all **2023** W2 Forms. All related tax schedules must be submitted with tax returns.
6. If taxes are professionally prepared, copies bearing preparer's signature including company name should be submitted.
7. Legally emancipated minors must submit their own **2023** tax return and follow the stated guidelines. Proof of emancipation must be included.
8. **EMAIL** the completed application to:

[simonsays-23@outlook.com](mailto:simonsays-23@outlook.com)

9. Completed applications, including ALL required information, must be **RECEIVED by 5p.m. on March 15, 2024.**

### **Application Checklist**

*Place a check in the box as each piece of information is included in the application. Return this sheet with your application.*

<b>Required Information</b>	
	Completed Application
	Personal Photo
	750 Word Essay
	*Three References
	1.
	2.
	3.
	**Official High School Transcript must include SAT or ACT Scores
	Copy of college acceptance letter(s)
	Signed Copy of Parent's/ Guardian's 2023 Income Tax Return (Usually 1040 or 1040A)
	W2 Forms (if self-prepared)
	Attach ALL related tax return schedules
	Parental signature(s) on ALL tax forms
	Preparer's signature and name of firm (if professionally prepared)

\*Letters of reference must include the applicant's name.

\*\* We recognize that official high school transcripts containing SAT/ACT scores may arrive separately from the application. However, it is the applicant's responsibility to ensure that all REQUIRED information is received by the application deadline.

### **Financial Need**

Financial need is defined as an inability to pay for a substantial portion of college tuition because of basic financial challenges. However, each application will be individually reviewed and extraordinary family circumstances will be considered.



**THE SIMON ESTES EDUCATIONAL FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Do you live with your father?  Yes  No  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Do you live with your mother?  Yes  No  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**If you live with someone other than your parents, list the information below.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please provide the total number of siblings living with you including their ages.**

Number of siblings \_\_\_\_\_ List their ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Is English the primary language spoken in your home? \_\_\_\_\_  
If not, what language? \_\_\_\_\_



**THE SIMON ESTES EDUCATIONAL FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

High School Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**GPA: 4.0 scale** Un-weighted \_\_\_\_\_ Weighted \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Total \_\_\_\_\_

Does your school offer AP (Advance Placement) classes? \_\_\_\_\_ How many AP classes have you taken? \_\_\_\_\_

Highest ACT Composite \_\_\_\_\_ Highest SAT Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_

Have you ever been suspended, expelled, or put on probation? \_\_\_\_\_

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

**Please list your college choices in order of preference**

- |           |   |  |
|-----------|---|--|
| (1) _____ | Already Admitted <input type="checkbox"/> | Admission Pending <input type="checkbox"/> |
| (2) _____ | Already Admitted <input type="checkbox"/> | Admission Pending <input type="checkbox"/> |
| (3) _____ | Already Admitted <input type="checkbox"/> | Admission Pending <input type="checkbox"/> |

Indicate your career goals \_\_\_\_\_

Major you plan to study in college \_\_\_\_\_ Minor \_\_\_\_\_

List Honors \_\_\_\_\_

\_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Name of Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_ How many hours do you work per week? \_\_\_\_\_

Interests/Activities \_\_\_\_\_

\_\_\_\_\_

Church/Community Affiliations \_\_\_\_\_

\_\_\_\_\_



**THE SIMON ESTES EDUCATIONAL FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Essay**

In a **750** word essay, please explain why you deserve scholarship consideration. **If you have circumstances that warrant special attention, please explain in your essay.** Attach additional pages if necessary.

**FINANCIAL INFORMATION**

*Please complete each financial question and do not leave blank spaces. Use N/A for all that do not apply.*

I have completed a 2023-2024 FAFSA  Yes  No  In Progress

Estimated student income earned during the school year while in college \$ \_\_\_\_\_

Estimated student income earned during the summer while in college \$ \_\_\_\_\_

Mother's Annual Income \$ \_\_\_\_\_ Father's Annual Income \$ \_\_\_\_\_

Stepmother's Annual Income \$ \_\_\_\_\_ Stepfather's Annual Income \$ \_\_\_\_\_

Additional Income (child support, alimony etc.) \$ \_\_\_\_\_

Who will provide financial support for college?

*Please check all that apply*

Father  Mother  Stepfather  Stepmother  Guardian  Other \_\_\_\_\_

If your parents/stepparents are not contributing toward your college expenses, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**THE SIMON ESTES EDUCATIONAL FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**FINANCIAL NEED WORKSHEET #1**

Please complete the following worksheet for your top two college choices and submit with your application. All financial aids and scholarships listed will be verified by the Foundation.

My First Choice

School Name \_\_\_\_\_

**COSTS**

**List amount per year**

Tuition	\$	_____
Fees	\$	_____
Books	\$	_____
On Campus Room On	\$	_____
Campus Board	\$	_____
Other (please specify) _____	\$	_____
<b>Total Costs</b>	<b>\$</b>	<b>_____</b>

**RESOURCES**

**List amount per year**

Parental Contribution	\$	_____
Student Contribution	\$	_____
*Trust or Other Sources Of Income	\$	_____
University Tuition Fee Waiver	\$	_____
Other University Funding	\$	_____
FAFSA (Free Application for Federal Student Aid)		
1. Loans	\$	_____
2. Grants	\$	_____
3. Work Study	\$	_____

**SCHOLARSHIP**

List each scholarship and indicate if it is renewable

(Example: John Doe Scholarships, \$500/year, renewable for 4 years)

_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs

**Scholarship Pending**

Please list any scholarship still pending a decision and indicate if it is renewable

_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$ _____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs

Total from Resources and Scholarships \$ \_\_\_\_\_

\*Please explain Trust or other sources of income \_\_\_\_\_



# THE SIMON ESTES EDUCATIONAL FOUNDATION, INC.

## SCHOLARSHIP APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### FINANCIAL NEED WORKSHEET #2

Please complete the following worksheet for your top two college choices and submit with your application. All financial aids and scholarships listed will be verified by the Foundation.

#### My Second Choice

School Name \_\_\_\_\_

#### COSTS

##### List amount per year

Tuition	\$	_____
Fees	\$	_____
Books	\$	_____
On Campus Room On	\$	_____
Campus Board	\$	_____
Other (please specify) _____	\$	_____
<b>Total Costs</b>	<b>\$</b>	<b>_____</b>

#### RESOURCES

##### List amount per year

Parental Contribution	\$	_____
Student Contribution	\$	_____
*Trust or Other Sources Of Income	\$	_____
University Tuition Fee Waiver	\$	_____
Other University Funding	\$	_____
FAFSA (Free Application for Federal Student Aid)		
1. Loans	\$	_____
2. Grants	\$	_____
3. Work Study	\$	_____

#### SCHOLARSHIP

List each scholarship and indicate if it is renewable

(Example: John Doe Scholarship, \$500/year, renewable for 4 years)

_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs

#### Scholarship Pending

Please list any scholarship still pending a decision and indicate if it is renewable

_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs
_____	\$	_____	<input type="checkbox"/> No	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 2 yrs

Total from Resources and Scholarships

\*Please explain Trust or other sources of income \_\_\_\_\_



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**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Provide three non-family character references and attach letters of recommendation from each. References may be teachers, clergy, employers, etc.**

1) Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

2) Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

3) Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

***We welcome any additional comments regarding special circumstances your references may wish to provide in support of your application. Be sure to attach any additional information to the application.***

**STUDENT SIGNATURE ONLY**

I certify that all information submitted by me as a part of this application is my own work and is true and complete to the best of my knowledge.

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

**PARENT(S)/GUARDIAN(S) SIGNATURE ONLY**

I certify that all information submitted on this application is true and complete to the best of my knowledge.

Father/Guardian: Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian: Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR COUNSELORS ONLY (Optional)**

I certify that I have reviewed this application and that it is complete and accurate to the best of my knowledge.

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

**The completed application must be emailed to The Simon Estes Educational Foundation by 5:00 p.m. on March 15, 2024.**

**[simonsays-23@outlook.com](mailto:simonsays-23@outlook.com)**





**THE SIMON ESTES EDUCATIONAL FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Applicant Information Form**

Note to Applicant: Completion of this form is voluntary. Applicants are considered for this scholarship on a non-discriminatory basis. However, the information sought herein is to assist the Foundation with demographic record keeping relative to our applicant pool and will be kept in a confidential file separate from the scholarship application.

**Name:** \_\_\_\_\_

**Sex:**      Woman              Man              Transgender              Non-binary/non-conforming              Prefer not to respond

**Race:**

African American

Asian/Pacific Islander

Caucasian

Hispanic

Native American              **(Please provide a copy of your Tribal Roll Card)**

Other: \_\_\_\_\_

Prefer not to respond

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_