



ARLINGTON CLASSICS ACADEMY KEN SIMON SCHOLARSHIP
Application Form
(Please type or print the requested information)

Full Name _____
First Middle Last

Address _____
Street Apartment Number

_____ City State Zip

Telephone No. _____ Email: _____

Date of Birth (mm/dd/yyyy) ____/____/____

Parent(s)/Guardian(s) Name _____

Parent/Guardian Telephone No. _____

High School Name _____

High School Address _____

Counselor's Name _____

Cumulative GPA (must be on a 4 point scale) _____

SAT Combined _____ ACT Composite _____

Rank in Class _____ of _____

Colleges to which you have applied _____

Colleges to which you have already been accepted _____

Career Interest _____

Extracurricular Activities, Community service Activities & Leadership Positions for the past four years (attach separate sheet if necessary):

Dates	Organization	Position/Role	Hours Spent
<i>Example: Aug. 2020 – May 2021</i>	<i>ACA Yearbook</i>	<i>8/20 – 5/21 Editor</i>	<i>6 hrs./wk for 3 yrs = 648 hrs.</i>

Achievements, Honors and Awards you have received throughout high school (attach separate sheet if necessary): _____

Essay: Submit an essay of 300-500 words about how ACA or an ACA teacher made an impact on your life.

Application Packet: must include the following items (incomplete packets will not be considered for scholarship):

- 1. Completed Application form
- 2. Essay
- 3. Official High School Transcript including 7th semester
- 4. Letter of Recommendation from a teacher, counselor or school principal
- 5. Letter of Recommendation from a non-school and non-related person over 21 years of age

Deadline: May 1, 2024 (Must be postmarked on or before May 1st 2024)

Mail/Deliver To: Arlington Classics Academy
 Attn: Scholarship Committee
 5206 South Bowen Road
 Arlington, TX 76017

I understand that if I am selected to receive this scholarship, my final approval is contingent upon the completion of my high school requirements prior to August 31 of the current school year. If I do not meet this requirement, I relinquish any right to the Arlington Classics Academy Ken Simon Scholarship. I also understand that I must enroll in college no later than the fall semester following my high school graduation or I forfeit the scholarship.

I hereby certify that all information provided is true and complete to the best of my knowledge. Upon submission of the completed application, I hereby grant Arlington Classics Academy the right to use my name and any information contained in the application or any part of my written essay to further publicize the Scholarship, Mission of the school, fulfill recruitment efforts or any other marketing initiative deemed appropriate, or as legally required or permitted by law.

Signature of Applicant Date

Signature of Parent/Guardian Date