**SIMON ESTES**

**OPPORTUNITY SCHOLARSHIP**

Simon Estes is an internationally known opera singer, and has since served as an adjunct professor at several Iowa colleges and universities. Prior to his successful opera career, Estes grew up in Centerville, Iowa. He is now spending his time encouraging young people in Iowa to reach for goals they don’t even know exist. He has a goal of performing with high school choirs in each of the 99 counties, then speaking to them in an assembly about how to look for opportunities and overcome obstacles to reach higher goals.

Van Buren County Community High School Choir will combine with Davis County High School Choir to present a concert this spring. Half of the cost for the concert and assembly will be given back to be used as scholarships for the Class of 2020. Multiple scholarships may be awarded.

**\*\*\*Scholarships dependent on Concert, currently postponed due to Covid-19 Restrictions\*\*\***

**Eligibility requirements for the SIMON ESTES OPPORTUNITY SCHOLARSHIP:**

* **Senior attending Van Buren County Community High School**
* **Minimum Cumulative GPA of 2.0**
* **Planning on Post-Secondary education/training in the Fall of 2020**
* **Scholarship(s) will sent to Post-secondary institution pending proof of enrollment.**

Return the completed application to the Guidance Counselors’ Office by **May 1, 2020.**

Please fill out the requested information as completely and accurately as possible.

Type or print legibly. **Attach a current picture and a copy of your high school transcript.**

Name in Full: Date of Birth:

Home Address:

1. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Stepfather’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Stepmother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I live with (circle) 1. 2. 3. 4.

Number of siblings at home: \_\_\_\_\_\_\_ Number of siblings in college: \_\_\_\_\_\_\_

Years attending Van Buren, Harmony or Van Buren County Community High Schools:

 Grades 9 10 11 12 (circle)

High School Record: Cumulative G.P.A. \_\_\_\_\_\_\_\_\_ CLASS RANK: \_\_\_\_\_\_ OF \_\_\_\_\_\_

 Simon Estes Opportunity Scholarship 2

List any high school activities in which you have participated (with class year 9, 10, 11, 12)

and any honors or recognition received. Do the same for Community and Church activities.

 **SCHOOL**

 **Activity Class Year(s) Honors/Awards**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |

 **COMMUNITY/CHURCH**

 **Activity Class Year(s) Honors/Awards**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |

 Simon Estes Opportunity Scholarship 3 **FUTURE PLANS:**

What Post-Secondary institution do you plan to attend? Please include the address.

What will be your major or course of study?

Describe your career plans and personal goals, including who or what inspired you toward these goals.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 Simon Estes Opportunity Scholarship 4

Please attach a brief paragraph from a teacher who recommends you as a student who could benefit from this opportunity scholarship.

Recommending Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please obtain the signature of one other teacher, coach or activity sponsor who recommends you. (No written paragraph required.)

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_