

Simon Youth Foundation

Community Scholarship

The Program

Simon Youth Foundation® (SYF) has established the Community Scholarship to meet the financial needs of students in communities that host Simon® shopping centers. The goal of the Foundation is to apply a holistic approach to the educational experiences of our youth. Each young person is multifaceted. Many circumstances, including the environment, play a key role in the success of each applicant. Because of this, more than just a student's academic achievement will be considered when applications are reviewed. The program will take into consideration the future potential of each applicant, recognizing those who have made significant personal improvements or contributions to their communities.

Special consideration will be given to those who are the first generation in their family to attend a post-secondary institution and those attending a two-year college or vocational-technical school.

This scholarship awards are administered by Scholarship Management Services, a division of Scholarship America. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations, and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability, or national origin.

Selection of Recipients

Only the first 3,000 applications received will be processed.

Scholarship recipients are selected on the basis of financial need, academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, and an outside appraisal. Unusual personal or family circumstances will also be considered in the selection process. Financial need of up to **\$1,400** as calculated by Scholarship Management Services must be demonstrated for the student to receive an award. Applicants must attach a copy of page one (1) of the parents' tax return Form 1040.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of Simon Youth Foundation play a part in the selection. All applicants agree to accept the decision as final.

Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify that the application has been received.

Only recipients will be notified by **May 15, 2012**. Not all applicants to the program will be selected as recipients.

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Eligibility

Employees or family members of employees of Simon Property Group and affiliated partners are not eligible for this program. In addition, students currently enrolled in an SYF Academy are not eligible for this program.

Applicants to the Simon Youth Foundation Community Scholarship Program must be:

- 🏠 High school seniors attending school and living in close proximity of a Simon Property Mall or Community Center.
- 🏠 Planning to enroll no later than fall 2012 in a full-time undergraduate course of study at an accredited two- or four-year college, university, or vocational-technical school for the entire upcoming academic year.
- 🏠 Employees or family members of employees of Simon Property Group and affiliated partners are not eligible for this program.

The recipients will be selected to represent a cross section of Simon Property Malls geographically. Recipients should reside within 50 miles of a Simon Mall®.

Awards

Distribution of scholarship awards will be granted as follows:

Up to 192 Community Scholarships will be granted to one eligible applicant at each Simon property (if applicable).

- 🏠 Awards are valued at up to \$1,400 each.
- 🏠 The above scholarships are not renewable.
- 🏠 Awards are for undergraduate study only.

Eleven (11) Awards of Excellence will be granted to the top applicant from each Simon property region.

| | | | | | |
|-------------|------------|------------------|-----------------------------|-------------------|--------------------|
| Atlanta, GA | Boston, MA | Indianapolis, IN | Nationwide Premium Outlets® | Orange County, CA | Seattle/Tacoma, WA |
| Austin, TX | Dallas, TX | Miami, FL | New York City, NY | Orlando, FL | |

- 🏠 Awards are valued at up to \$2,500 each.
- 🏠 The above scholarships are renewable up to three (3) years. The student must remain in good standing with the applicable post-secondary academic institution.
- 🏠 There is no separate application required to be eligible for an Award of Excellence.
- 🏠 Recipients may receive only one (1) Simon Youth Foundation Scholarship.
- 🏠 Awards are for undergraduate study only.

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Application

Interested students must complete the application and mail it along with a current, complete official transcript of grades to Scholarship Management Services postmarked no later than **March 1, 2012**.

(Please note: Only the first 3,000 applications received will be processed)

Online transcripts and grade reports are not acceptable. Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information including a copy of page one (1) of the parents' tax return FORM 1040. Instructions for completing the Financial Data section of the application are included below. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services and Simon Youth Foundation.

When Completing the Application's Financial Data Section

The Financial Data section of the application should be completed by the applicant's parents or guardian. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

State of Residence is the state where the parents reside and pay state income tax.

Adjusted Gross Income can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.

Total Federal Tax Paid includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is not the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.

Total Income of parent(s) should be reported individually. Provide information for both natural parents, when possible. If the student resides with only one parent, financial information must be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. If necessary, two Financial Data sections may be submitted by the student. A copy of the Financial Data section may be made in order for one to be completed by each parent.

Untaxed Income and Benefits include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.

Medical and Dental Expenses include only those expenses not paid by insurance. Do not include premium payments.

Total Cash, Checking, Savings, Cash Value of Stocks, etc., include liquid assets that can be used for educational expenses. Do not include IRA, 401K, or other retirement plan funds.

Total Number of Family Members living in the household and primarily supported by the reported income includes dependent college students living away from home.

Marital Status is the current status of the person from whom the financial information is submitted.

Total Number of Family Members Attending College includes all family members (Do Not Include Parents) attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.

Simon Youth Foundation Community Scholarship

Payment of Scholarships

Scholarship Management Services processes scholarship payments on behalf of Simon Youth Foundation. **Nonrenewable scholarship payments will be made in one installment on August 15, 2012. Renewable scholarship payments will be made in equal installments on August 15, 2012 and December 30, 2012.** Checks are mailed to each recipient's home address and are made payable to the school for the student.

Obligations

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship Management Services and Simon Youth Foundation. Students are required to supply Scholarship Management Services with complete transcripts when requested and to notify Scholarship Management Services of any changes of address, school enrollment, or other relevant information.

Revisions

Simon Youth Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

Additional Information

Questions regarding the scholarship program should be addressed to:

Simon Youth Foundation Community Scholarship
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Telephone: (507) 931-1682
Toll-Free Telephone: 1-800-537-4180

COMMUNITY SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly. **Application postmark deadline March 1, 2012**

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

| I.D. # | AA | PD | RIC/CS | GPA | SATCR | SATM | SATW | ACTC | TOTAL |
|--------|----|----|--------|-----|-------|------|------|------|-------|
| | | | | | | | | | |

APPLICANT DATA (REQUIRED)

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

Employees or family members of employees of Simon Property Group are NOT eligible for this program.

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Are you the first generation from your family to attend a post-secondary school? Yes No

Name of Simon Property Mall/Community Center that you reside closest to ([Click here for list of Malls and Community Centers](#)):

NOTE: REQUIRED INFORMATION ▶

Mall/Community Center Name _____ City _____ State _____

HOW DID YOU LEARN ABOUT THE SCHOLARSHIP? Local Mall Friend/Family School SYF Website
 Fastweb/Scholarship Search Engine Other, explain _____

Please indicate, from the following locations, which Simon property that you reside closest to:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Atlanta, GA | <input type="checkbox"/> Dallas, TX | <input type="checkbox"/> Premium Outlets® | <input type="checkbox"/> Orlando, FL |
| <input type="checkbox"/> Austin, TX | <input type="checkbox"/> Indianapolis, IN | <input type="checkbox"/> New York City, NY | <input type="checkbox"/> Seattle/Tacoma |
| <input type="checkbox"/> Boston, MA | <input type="checkbox"/> Miami, FL | <input type="checkbox"/> Orange County, CA | |

Please indicate your status. (For statistical purposes only) Male Female

- | | | | |
|---|---|---|--------------------------------|
| <input type="checkbox"/> American Indian /Alaska Native | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Telephone (_____) _____

E-mail Address _____ Fax Number (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

Must be High School senior, planning to enroll no later than fall 2012 in a full-time undergraduate course

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Year in school next year: 1 Other _____

Major or course of study _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Student will live on campus live off campus commute from home.

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

| Employer/Position | From - Mo/Yr | To - Mo/Yr | Hours per Week | Amount Earned |
|-------------------|--------------|------------|----------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

| Activity | No. of Years Partic. | Special Awards, Honors | Offices Held | Activity | No. of Years Partic. | Special Awards, Honors | Offices Held |
|----------|----------------------|------------------------|--------------|----------|----------------------|------------------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

PARENTS' FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

The applicant's parents must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. Applicant must include a copy of page one of parents' most recent tax return Form 1040. **To be considered for an award, this section must be filled out completely.**

- | | |
|--|--|
| <p>1. State of Residence _____</p> <p>2. Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) \$ _____ (Not the amount withheld from paychecks)</p> <p>4. Total Income of Father \$ _____</p> <p style="padding-left: 20px;">Total Income of Mother \$ _____</p> <p>5. Yearly Untaxed Income and Benefits: Please indicate source – <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Other \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>9. Marital status of parent or guardian: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Total number of family members attending college at least half-time during the next school year, including applicant# _____</p> |
|--|--|

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

| Name of Award: | School to which award will be applied: | Amount: | Check One: |
|----------------|--|----------|---|
| _____ | _____ | \$ _____ | <input type="checkbox"/> Granted <input type="checkbox"/> Pending |
| _____ | _____ | \$ _____ | <input type="checkbox"/> Granted <input type="checkbox"/> Pending |

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

| | | | | |
|--|--|---|---|--|
| The applicant's choice of a post-secondary educational program is | <input type="checkbox"/> extremely appropriate | <input type="checkbox"/> very appropriate | <input type="checkbox"/> moderately appropriate | <input type="checkbox"/> inappropriate |
| The applicant's achievements reflect his/her ability | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's ability to set realistic and attainable goals is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The quality of the applicant's commitment to school and/or community is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant is able to seek, find, and use learning resources | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates curiosity and initiative | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's respect for self and others is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

An official transcript of grades **must** be sent with this application. On-line transcripts and grade reports are not acceptable.

All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

| | | | | | | | | | | |
|--|--------------------------------|-----------------------------|------------------|------|---------|---------|------|---------|---------|-----------|
| Applicant ranks _____ in a class of _____ | Cumulative Grade Point Average | | SAT | | | ACT | | | | |
| | Weighted: _____/4.0 scale | Unweighted: _____/4.0 scale | Critical Reading | Math | Writing | English | Math | Reading | Science | Composite |
| | | | | | | | | | | |

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship Management Services has received all of the following materials:

- Student Application with completed Applicant Appraisal
- Name of Simon Property Mall/Community Center closest to your residence
- Current Complete Transcript(s) of Grades (including grading scale)
- Copy of page one (1) of parents' tax Form 1040

All materials, including transcript, must be addressed to:

Simon Youth Foundation Community Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline March 1, 2012

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship Management Services and Simon Youth Foundation. Please note that your social security number and/or date of birth information may be provided to a licensed national student clearinghouse to track graduation success rates. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship Management Services are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____