



The Darrell Ray Simons Memorial Scholarship

The Darrell Ray Simons Memorial Scholarship provides support to a student who is pursuing a degree in Secondary Math Education. If none, the award will go to a student who is pursuing a degree in Middle School Math education.

Darrell, 14 ½ years of age, was a changeling in transition from boyhood to young manhood. He retained his excellence in the classroom and his enthusiasm for sports even though he was not a “star.” In fact, he was more like an "on the team cheerleader", always encouraging others. He loved church camp, youth meetings and music.

In the days, weeks, and months following a fire in the Simons home in which Darrell died, the people of this community, their church and the schools reached out to the family in support. Darrell’s parents, Jim and Lynn Simons, wanted a memorial for their son that would say “thank you” to the community. Hence, the scholarships that are awarded are their gift.

The Darrell Ray Simons Memorial Scholarship

is held by the

Steuben County Community Foundation.

207 S. Wayne Street, Suite A

Angola, IN 46703

(260) 665-6656





The Darrell Ray Simons Memorial Scholarship

Requirements:

- Recipient may be a graduate of any Steuben County high school, including Prairie Heights, Fremont, Hamilton, or MSD of Steuben County.
- Recipient may be a graduate of a home-school program of Steuben County.
- Scholarship is open to a traditional student (high school graduating senior) or a non-traditional student (returning back after an absence since graduating from high school).
- Student may attend any Indiana institution of higher education, pursuing a bachelor's degree in secondary math education. If none, the award will go to a student pursuing a bachelor's degree in middle school math education.
- Applicant may reapply each year with verification of a 3.0 or better GPA (on a 4-point scale).
- Scholarship may be used for tuition, room & board, fees, supplies, or any other class-required expenses.
- Applicant may be asked to interview with the selection committee.

Selection Committee:

- Family member(s)
- Steuben County Community Foundation Scholarship Committee

Amount of the Award

- The amount of the award per student will be determined each year and will be paid out of distributable earnings per the Fund agreement.

Miscellaneous

- If the student fails to attend as planned, the college will be instructed to return the scholarship money to the Steuben County Community Foundation to be deposited in the Darrell Ray Simons Memorial Scholarship fund, or an alternate could be awarded the scholarship.
- Modifications to the criteria above can be made at the request of and with the approval of the selection committee. If they so choose, the selection committee may determine to award multiple, smaller awards rather than one scholarship award.

APPLICATION DEADLINE IS MARCH 15 OF THE CURRENT YEAR

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Scholarship Application

Please print

Name: _____
(First) (Middle) (Last)

Address: _____ City: _____ St: _____ Zip: _____

Phone #: _____ Date of Birth: _____

Father's Name: _____ Employed At: _____

Mother's Name: _____ Employed At: _____

How many brothers and sisters live in the home with you? _____

Of these, how many are in college/tech school? _____

List college/university where you have been accepted. Indicate your course of study.

Are you employed? _____ Where? _____ Hours/Weekly _____

Do you have a checking account? _____ Approximate balance _____

Do you have a savings account? _____ Approximate balance _____

Any other sources of income? Please explain

How will you finance your education if you do not receive this scholarship?

Have you applied for other scholarships/financial aid? Please explain.

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List honors, activities, and awards for high school, community, church or civic:

Attachments:

- 1) **Please attach an essay, no longer than one page, that answers the following question, “*What is your inspiration for pursuing math education as a career?*”**
- 2) **Copy of school transcripts.**

Certification

I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by the Steuben County Community Foundation, I (we) agree to give documentation for information given on this form. Further, I certify that I meet the intent of the scholarship fund for which I have applied as stated in their guidelines

Applicant Signature	Parent (or spouse) signature
(Date)	(Date)

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