Shimer
The Great Books College of Chicago

Michel de Montaigne Scholarship
Application

_____
Last Name First Name MI

_____
Street Address City State Zip

_____ Gender M F
Phone Email

_____
Name(s) of your Metropolitan Newspaper and/or your Community Newspaper

_____
Full name(s) of any guest(s) who will be coming to the competition with you

I plan to attend the Scholarship Competition on:

☐ Saturday February 13th or ☐ Sunday February 14th or ☐ Either day is fine with me

Yes – I have submitted or will submit the following Documentation to Shimer College
All documents must be submitted by mail or fax by January 15, 2010

Document	Will be mailed on *(date)*	Already submitted
An Application for Admission	_____	☐
$25.00 application fee	_____	☐
Essays or Writing Samples	_____	☐
High School Transcript	_____	☐
Letter of recommendation from a teacher or a counselor	_____	☐

I understand that I must be a student new to Shimer and that I must complete an Application for Admission and the Free Application for Federal Student Aid to be considered for the Montaigne Scholarship. The information supplied by me on this application is true, complete and correct to the best of my knowledge.

I understand that all photographs and videos taken at Shimer or of Shimer events may be used in any college publications or released the media, along with my or my child's name and city and state of residence.

_____ _____
Student Signature Date

_____ _____
Parent or Guardian Signature, if student is under 18 Date

3424 S. State Street, Chicago, IL 60616 – fax 888.808.3133