



**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 _____
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Colleges to which you have applied \_\_\_\_\_  
\_\_\_\_\_

Colleges to which you have already been accepted \_\_\_\_\_  
\_\_\_\_\_



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 7<sup>th</sup> 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, 2026 (Must be postmarked on or before May 1<sup>st</sup> 2026)

**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