

**Jacob Zamora Memorial Foundation Scholarship Application**

RETURN TO:

Applications to be mailed to the address below:

Jacob Zamora Memorial Foundation

PO Box 3214

Canyon Country, CA 91386-3214

Postmarked by the second Monday in March

**RESERVED GPA RANGE: 2.5- 3.4**

Please print in blue or black ink only

**PERSONAL INFORMATION:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male / Female

 Last First Middle

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL INFORMATION:**

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone Number

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* Please include a copy of your transcript with this application\*\*\***

**PLEASE LIST THE FOLLOWING:**

Extracurricular Activities, community service, employment, or other activities.

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Any significant awards or honors you have received during high school for academic or extracurricular achievement.

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**Essays:**

\*\*\*You must respond to **both** parts (A) and (B).

A) Tell us about the most difficult time in your life. Explain how your perception of life has changed through the experience, and the impact it has made on you.

B) Where do you see yourself in ten years?

TO BE COMPLETED BY A PARENT OR GUARDIAN

Father/ Male Guardian Mother/ Female Guardian

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of applicant’s sibling(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of children attending college next year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We certify that the information provided is true and complete to the best of our knowledge.

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 Applicants Signature Parent Signature

**Additional Information:**

Please supply an email address if you’d like a receipt of your application.

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All application materials must be contained in one packet. Transcripts should not be sent separate. A photograph is optional. Incomplete, emailed or faxed applications will not be considered. We suggest that you keep copies of your application materials. Winners will be posted on our website, www.jzmf.org, after the Senior Recognition Awards are granted. We regret that we are unable to notify non-selected applicants of our decision.

The Jacob Zamora Memorial Foundation Scholarships are reserved for high school seniors in the Santa Clarita Valley, with a 2.5 to 3.4 GPA. Scholarships may be used at an accredited college of the winners choosing.

If you have questions please contact a member of the Scholarship Committee below:

Corrie Malinka

cmjg@att.net

Rebecca Hawkins

(661) 212-4341

Josh Zamora

jzmfscholarship@hotmail.com