



Bakersfield Catholic Education Foundation

GARCES MEMORIAL HIGH SCHOOL SCHOLARSHIP APPLICATION FORM

DUE FEBRUARY 16, 2024

Student's Name _____

Address _____

City _____ Zip _____

Contact Information: Land Line _____ Cell _____

Email _____

Current School: _____ Grade: _____ GPA _____

Student Offices & Awards: _____

Student Involvement: (Clubs, Sports, Activities): _____

Student's Community: _____

Student Employment: _____

If Catholic, please list your Parish: _____

On the following page please write a short essay on "Why You Choose Garces"

Please indicate which scholarships you are applying for:

Incoming Freshmen Only:

Earl and Jane Leach

Gordon and Lynn Westhoff

Available to All Grade Levels:

St. Thomas Aquinas

Lou Evans Destefani

Bertano Family

Dave and Mary Fanucchi

Emily Bidart

Lupe Lara

Brian Bock

Monsignor Patrick Leddy

Kevin Boylan

Dan and Sally Panero

Patricia C. Brown

Dr. Mark Root

Corrine and Arnold Cattani

Catherine Ann Sill

Catherine and Alvin Cerri

Brandon Werdel

Delores and Victor Cerro

Please consider me for all of the scholarships
I qualify for based on the information above.

Margaret Reischman Cole

Mayie Maitia

Required Essay:

Please tell us “Why You Choose Garces”:

A large, empty rectangular box with a thin black border, intended for the student to write their essay response to the prompt.

Scholarship Interview

The Foundation Board requests a short interview with the student and his or her parents to discuss why they have chosen Garces for high school. It gives the Foundation board an opportunity to get to know the prospective family and the family’s need and commitment prior to determining the scholarship award. Please indicate below which dates and times you can be available to meet with a board member at Garces Memorial or for an online interview using Zoom. Please indicate the time and location.

Wednesday, February 21, 2024

5:00 PM

At Garces

Zoom Meeting

5:30 PM

At Garces

Zoom Meeting

6:00 PM

At Garces

Zoom Meeting

6:30 PM

At Garces

Zoom Meeting

Thursday, February 22, 2024

5:00 PM

At Garces

Zoom Meeting

5:30 PM

At Garces

Zoom Meeting

6:00 PM

At Garces

Zoom Meeting

6:30 PM

At Garces

Zoom Meeting

We are unable to make any of the options listed. Please contact us to schedule..

Student Release Authorization:

I certify that I have considered each question carefully and that my statements are true and complete to the best of my knowledge. Further, I understand that this scholarship may be denied if an information is found to be incomplete or inaccurate.

Signature of Student Applicant

Date

Parent Release Authorization:

I have read the attached information, submitted the FACTS form to Garces Memorial and I grant permission for (Name of Student) _____ to accept the scholarship if awarded. I also authorize Garces Memorial High School to release copies of my student’s application paperwork, report card, test scores, and transcript to the selection committee for this scholarship consideration.

Signature of Parent

Date

Name of Parent: _____

Please submit your application to the Garces Memorial Development Office by February 16, 2024. or email to: ldurrett@garces.org