



Bakersfield Catholic Education Foundation

GARCES MEMORIAL HIGH SCHOOL SCHOLARSHIP APPLICATION FORM

DUE FEBRUARY 20, 2026

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 applicable: _____

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

☐ Bertano Family

☐ Emily Bidart

☐ Brian Bock

☐ Kevin Boylan

☐ Patricia C. Brown

☐ Corrine and Arnold Cattani

☐ Catherine and Alvin Cerri

☐ Delores and Victor Cerro

☐ Margaret Reischman Cole

☐ Lou Evans Destefani

☐ Dave and Mary Fanucchi

☐ Vince Fanucchi

☐ Lupe Lara

☐ Monsignor Patrick Leddy

☐ Mayie Maitia

☐ Dan and Sally Panero

☐ Dr. Mark Root

☐ Barbara Haller Boylan Schager

☐ Catherine Ann Sill

☐ Brandon Werdel

☐ Please consider me for all of the scholarships
I qualify for.

Required Essay:

Please tell us “Why You Choose Garces”:

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 20, 2026. or email to: ldurrett@garces.org