



Bakersfield Catholic Education Foundation

**The Earl & Jean Leach Scholarship Application  
Garces Memorial High School**

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Information: Land Line \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Current School \_\_\_\_\_ GPA \_\_\_\_\_

Student Offices & Awards: \_\_\_\_\_

Student Involvement: (Clubs, Sports, Activities): \_\_\_\_\_

Student's Community Service/Employment: \_\_\_\_\_

**On the following page please write a short essay on "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 report card, test scores, and transcript to the selection committee for this scholarship consideration.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

*Please submit your application to the Garces Memorial Development Office by March 1<sup>st</sup> or email to: [ldurrett@garces.org](mailto:ldurrett@garces.org)*

Please tell us “Why You Choose Garces”:

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above. The box occupies most of the page below the text.