



BAKERSFIELD CATHOLIC EDUCATION FOUNDATION
GARCES MEMORIAL HIGH SCHOOL SCHOLARSHIP
APPLICATION FORM

Student First and Last Name _____

Address _____ City _____ Zip _____

Name of Parent/Guardian _____

Current School _____ Current Grade _____ GPA: _____

Primary Phone _____ Email: _____

Student Awards and Honors _____

Student Involvement: (Clubs, Sports, Activities) _____

Student Community Service or Activities: _____

Student Employment: _____

If Catholic, please list your Parish: _____

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

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 to the Garces Memorial High School Development Office by March 1st or email to ldurrett@garces.org