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:

_____

Student Essay: Type on Separate Sheet "Why You Choose Garces"

Please attach the essay to the completed application and submit to the Garces Memorial High School Development Office by March 1st.