## MZ FOUNDATION SCHOLARSHIP APPLICATION

STUDENT: Please complete the following information based on the current school year. All applicants must be enrolled in nine (9) or more hours at a public or private high school/college to be eligible. Applications must be received by the MZ Foundation by <u>April 30 for graduating High School students</u> entering college in the fall, and by <u>August 1 for college students</u>. Be sure to complete the entire application.

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS FULLY COMPLETED.

Date of Application:				
STUDENT NAMELAST		FIRST		MI
MAILING ADDRESS				
STREET o	r P.O. Box	CITY		STATE ZIP
Home Phone: ()		Personal Email:		
Mobile Phone: ()		School Email:		
NAME OF HS / College	Cum. GPA	GPA Scale (e.g. 4.0, 5.0)	Expected Degree (circle one)	Major Field of Study of Expected Grad. Date
High School:			Diploma	Grad. Date:
College:			BA BS MA MS MBA JD PhD	
Career Interest. Briefly state your short and lo	ng-term objectives. You mo	y continue on a separa	te sheet or on the back of	this form.
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Income Verification. You must attach in				
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Income Verification. You must attach ineparent, if parent is supporting you.  Student income info: Company Name: Contact Name Employer's Signature: Parent income info (if assisting student): Company Name:	come tax returns, W-2	forms, or provide the Last YTD earning Phone Number:	he employment verificings: \$	eation below for yourself and
Income Verification. You must attach ineparent, if parent is supporting you.  Student income info: Company Name: Contact Name Employer's Signature: Parent income info (if assisting student): Company Name:	come tax returns, W-2	forms, or provide the Last YTD earning Phone Number:	he employment verific	eation below for yourself and
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My signature above indicates: (i) verification that the above information is accurate and complete, and (ii) that I authorize

school officials to release the below information to the MZ Foundation.

Student/Applicant Name:			Date			
Please complete the following information for the current school year. If you prefer to submit other verification forms, please insure the following information is included. Your application cannot be considered without this information.						
1.	Cumulative GPA for the (e.g. 4.0, 5.0).	(semester/school year) i	s on GPA scale of			
2.	Estimated cost for tuition, fees, books, and o school year: \$		excluding housing, meals, etc.) for the			
3.	Estimated cost for living expenses: \$					
4.	Total estimated expenses (Line 2 & 3): \$	<del> </del>				
5.	List the name and the amount of scholarship/grants (excluding loans) the above student is receiving, or anticipates receiving, for the semester/ school year in which applying for this scholarship.					
	a)	<del></del>	\$			
	b)		\$			
	c)		\$			
	d)		\$			
6.	Total of scholarships/grants for the school y	rear (total 5a, b, c, d): \$				
7.						
8.	If the MZ Foundation Scholarship is awarded to the student, the check will be mailed directly to the institution. Please print the name of the school and complete mailing address where the check should be mailed. (If awarded this scholarship, the student will be required to send a tuition statement which includes full name and address of the institution and student name and ID number, before payment is sent)  Name of College:					
	ATTN:					
	Mailing Address:					
	City, ST, Zip:					
9.	9. Please attach enrollment verification or have an appropriate enrollment official sign below.					
The sig		he above information and	the student's full-time enrollment in the			
Certific	ed by:	Title:	School:			
Teleph	one:	Email:	Date:			

Please submit completed form to MZ Foundation Scholarship Program 19026 Ridgewood Pkwy, Suite 225 San Antonio, TX 78259