

MZ FOUNDATION SCHOLARSHIP APPLICATION

TO 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. Deadline for submission of this application should be postmarked by April 30 for High School students entering college in the Fall and by August 31 for college students. Be sure to verify that your school has properly and fully completed page 2 of this application. **NO APPLICATION WILL BE PROCESSED UNLESS FULLY COMPLETED.**

STUDENT INFORMATION - PLEASE PRINT

Date of Application: _____ **Social Security Number:** _____

STUDENT NAME _____

LAST

FIRST

MI

MAILING ADDRESS _____

STREET or P.O. Box

CITY

STATE

ZIP

Home Phone Number (____) _____ **Home E-mail Address:** _____

School Phone Number (____) _____ **School E-mail Address:** _____

Name of HS & 4-year College Attending or at which you have been accepted for next sem.	Cumulative GPA (or High School GPA)	GPA Scale (e.g. 3.5, 4.0, 5.0)	Expected Degree (circle one)	Major Field of Study & Expected Graduation Date
High School:			Diploma	Grad. Date:
College:			BA BS MA MS MBA JD PhD	

Are you currently or have you ever been an MZ Foundation Scholarship Recipient? NO _____ YES _____ What year? _____

Career Interest. Briefly state your short and long term objectives. You may continue on a separate sheet or on the back of this form.

Special Hardship. Briefly state any hardship that may have impacted you and your family's life and economic situation. You may continue on a separate sheet or on the back of this form.

Income Verification. You must attach income tax returns, W-2 forms, or provide the employment verification below for yourself and parent, if parent is supporting you. Use additional pages if necessary.

Student income info:

Company Name: _____ Last YTD earnings: \$ _____

Contact Name _____ Phone Number: _____

Employer's Signature: _____

Parent income info (if assisting student):

Company Name: _____ Last YTD earnings: \$ _____

Contact Name _____ Phone Number: _____

Employer's Signature: _____

Other Income: Has the applicant or a parent earned other income? If so, state amount: \$ _____

APPLICANT'S SIGNATURE _____ **DATE** _____

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.

TO INSTITUTION: Please complete the following information pertaining to the above student for the current school year. If your institution prefers to submit other verification forms, please insure the following information is included. Timely and accurate response is critical for the student to be considered for this scholarship.

1. Student's cumulative GPA for the _____ (semester/school year) is _____ on a weighted or unweighted? (circle one) GPA scale of _____ (e.g. 3.5, 4.0 or 5.0).
2. Estimated cost for tuition, fees, books, and other tuition-related expenses (excluding housing, meals, etc.) for the _____ school year: \$ _____
3. Estimated cost for living expenses: \$ _____
4. Total estimated expenses (Line 2 & 3): \$ _____
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) _____ \$ _____
 - b) _____ \$ _____
 - c) _____ \$ _____
 - d) _____ \$ _____
6. Total of scholarships/grants for the school year: (total 5a, b, c, d) \$ _____
7. Considering any scholarship/grant funds awarded and restrictions placed on the expenditure of those funds, what is the balance owed for the school year? (Subtract Line 4 from Line 6) \$ _____.
8. If the MZ Foundation Scholarship is awarded to this student, the check will be mailed directly to your institution. Please note the name, title, and mailing address of the person to whom the check should be mailed:

Name: _____

Title: _____

Mailing Address: _____

The signature, stamp, or seal below verifies the above information and the student's full-time enrollment in the institution.

Certified by: _____ Title: _____ Date: _____

Telephone: _____ Fax: _____

**Please submit completed form to
MZ Foundation Scholarship Program
18615 Tuscany Stone, Suite 300
San Antonio, TX 78258**