

# 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 April 30 for graduating High School students entering college in the fall, and by August 30 for college students. Be sure to complete the entire application.

**YOUR APPLICATION WILL NOT BE PROCESSED UNLESS FULLY COMPLETED.**

## STUDENT INFORMATION - PLEASE PRINT

**Date of Application:** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

LAST

FIRST

MI

**MAILING ADDRESS** \_\_\_\_\_

STREET or P.O. Box

CITY

STATE

ZIP

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Home 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 & Expected Grad. Date
High School:			Diploma	Grad. Date:
College:			BA BS MA MS MBA JD PhD	

Have you ever been a recipient of the MZ Foundation Scholarship? NO \_\_\_\_\_ YES \_\_\_\_\_ What year(s)? \_\_\_\_\_

**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.

**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.

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 \_\_\_\_\_ (semester/school year) is \_\_\_\_\_ on GPA scale of \_\_\_\_\_ (e.g. 4.0, 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 6 from Line 4) \$ \_\_\_\_\_.
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. Please attach enrollment verification or have an appropriate enrollment official sign below.

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

**Certified by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit completed form to  
MZ Foundation Scholarship Program  
18615 Tuscany Stone, Suite 200  
San Antonio, TX 78258**