

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 1 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**