



Bakersfield Catholic Education Foundation

# GARCES MEMORIAL HIGH SCHOOL SCHOLARSHIP APPLICATION FORM

DUE FEBRUARY 14, 2025

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Information: Land Line \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA \_\_\_\_\_

Student Offices & Awards: \_\_\_\_\_

Student Involvement: (Clubs, Sports, Activities): \_\_\_\_\_

Student's Community: \_\_\_\_\_

Student Employment: \_\_\_\_\_

If Catholic, please list your Parish: \_\_\_\_\_

**On the following page please write a short essay on "Why You Choose Garces"**

Please indicate which scholarships you are applying for:

Incoming Freshmen Only:

Earl and Jane Leach

Gordon and Lynn Westhoff

Available to All Grade Levels:

St. Thomas Aquinas

Bertano Family

Emily Bidart

Brian Bock

Kevin Boylan

Patricia C. Brown

Corrine and Arnold Cattani

Catherine and Alvin Cerri

Delores and Victor Cerro

Margaret Reischman Cole

Mayie Maitia

Lou Evans Destefani

Dave and Mary Fanucchi

Lupe Lara

Monsignor Patrick Leddy

Dan and Sally Panero

Dr. Mark Root

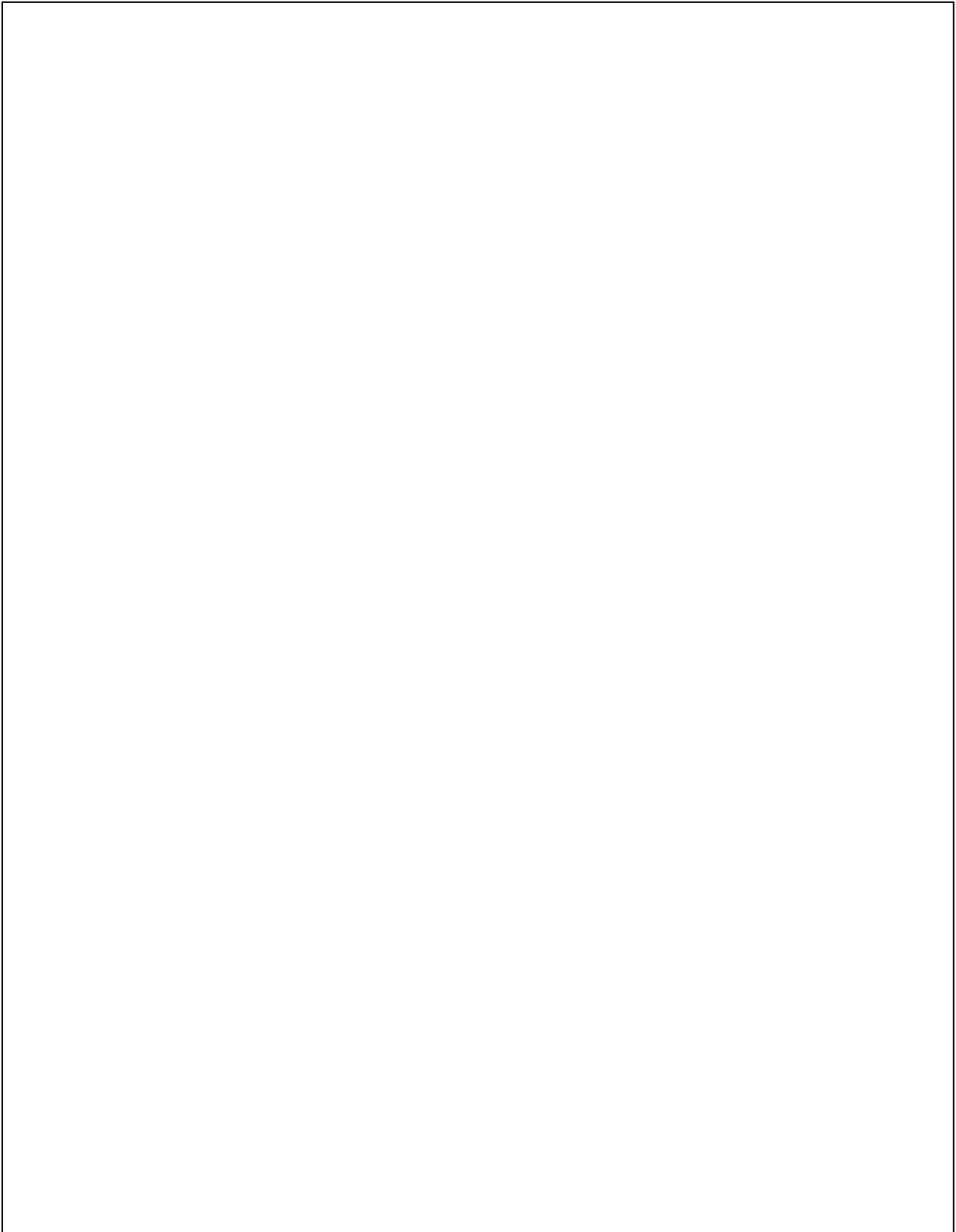
Catherine Ann Sill

Brandon Werdel

Please consider me for all of the scholarships  
I qualify for based on the information above.

**Required Essay:**

Please tell us “Why You Choose Garces”:

A large, empty rectangular box with a thin black border, intended for the student to write their essay response to the prompt.

**Student Release Authorization:**

I certify that I have considered each question carefully and that my statements are true and complete to the best of my knowledge. Further, I understand that this scholarship may be denied if an information is found to be incomplete or inaccurate.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

**Parent Release Authorization:**

I have read the attached information, submitted the FACTS form to Garces Memorial and I grant permission for (Name of Student) \_\_\_\_\_ to accept the scholarship if awarded. I also authorize Garces Memorial High School to release copies of my student's application paperwork, report card, test scores, and transcript to the selection committee for this scholarship consideration.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Name of Parent: \_\_\_\_\_

**Please submit your application to the Garces Memorial Development Office by February 14, 2025. or email to: [ldurrett@garces.org](mailto:ldurrett@garces.org)**