

Federation of Zacatecan International Benefit Organization, Inc.

1332 N. Miller Ave. Los Angeles, CA 90063 Tel. (323) 262-1360

E-mail: secreadm@federacionzacatecana.org

Scholarship Application

Name _____

Social security number (optional) _____

Date of birth _____ Male _____ Female _____

Birth place _____

Address _____ Telephone () _____

City _____ Zip code _____

Club affiliation if any _____ Federation _____

School currently attending _____ How long? _____

School address _____ Telephone () _____

Major field of study _____

Number of units completed G.P.A. _____

Expected graduation date _____

If first semester in college indicate high school G.P.A. _____

Father's name _____

Date of birth _____ Place of birth _____

Mother's name _____

Date of birth _____ Place of birth _____

Letters of recommendation were requested from the following (two) individual.

1. _____ Phone No. () _____

2. _____ Phone No. () _____

Co-curricular activities: list all organizations and activities in which you are a member or have participated in while attending college or high school.

Community activities: list your present and/or most recent experience with community organizations; volunteer or church activities, etc.

