

**Federation of Zacatecan International Benefit Organization, Inc.**

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

**Scholarship Application**

Name \_\_\_\_\_  
Social security number (optional) \_\_\_\_\_  
Date of birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth place \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_  
Club affiliation \_\_\_\_\_ Federation \_\_\_\_\_

College or University currently attending or been accepted to? \_\_\_\_\_  
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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

