

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.

