

THE STANZEL FAMILY FOUNDATION, INC.
JOSEPH AND VICTOR STANZEL MEMORIAL SCHOLARSHIP APPLICATION
HIGH SCHOOL GRADUATE PROGRAM

Date: _____

I. Student Information

Name: _____
(Last) (First) (Middle)

Physical Address: _____
(Street) (City) (County) (Zip Code)

How long have you resided at the current residence? _____ years _____ months

Birthday: ____/____/____

Home Phone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

Do you live within the Schulenburg or Weimar Independent School Districts? Yes No

High School Name: _____ Date of Graduation: ____/____/____

Marital Status: _____ Number of children or other dependents of student: _____

If you have enrolled in concurrent enrollment, enter the number of hours completed. _____

College/University/Technical/Vocational school choice:

1st: _____ 2nd: _____ College Major: _____

Minor: _____

Technical/Vocational course of study: _____

What special recognition did you receive for scholastic or other achievements in high school?

List the extracurricular activities in which you participated during high school (include community, church, etc.) Note level of participation (i.e. leadership roles, general membership, committee member, etc.):

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List your hobbies, special interests, aptitudes, talents, etc. _____

If you worked during the summer, after school, or on weekends while in high school, list names of employers and type of work. _____

What do you expect to do this summer? _____

How do you anticipate funding your post high school education? _____

List other scholarships for which you have applied or for which you plan to apply. List name, amount, and if you have been awarded.

Scholarship Name	Amount	Awarded?	Scholarship Name	Amount	Awarded?

Why do you think you need this scholarship? _____

Explain any reasons which would prohibit you or your family's ability to pay for college.

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II. Parent's or Guardian's Information

Male Parent/Guardian: _____ **Relationship:** _____

Physical Address: _____
 (Street) (City) (State) (Zip)

How long have they resided at this residence? _____ years _____ months

Home Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____

Employer: _____ Number of years employed: _____

Employer's address: _____
 (Street) (City) (State) (Zip)

Female Parent/Guardian: _____ **Relationship:** _____

Physical Address: _____
 (Street) (City) (State) (Zip)

How long have they resided at this residence? _____ years _____ months

Home Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____

Employer: _____ Number of years employed: _____

Employer's address: _____
 (Street) (City) (State) (Zip)

Total number of people in parents' or guardian's household, including applicant: _____

Number of parents' or guardian's dependents: _____ List ages: _____

Provide information for all college/vocational school students in family excluding applicant.

Name of Student	Age	College/School Attending	Year: F-S-J-Sr.*	Total Annual Cost	Parents'/Guardian's Annual Cost	Mo./Yr. Graduating

* F = Freshman, S = Sophomore, J = Junior, Sr. = Senior

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III. Financial Information

Using your printed Student Aid Report (SAR) or your **2020** tax return Form 1040, 1040A, or 1040EZ, complete the following fields exactly as they appear per each line.

Provide a printed copy of your SAR to your counselor (make sure to print out all the pages).

EFC (Expected Family Contribution): _____
(found on front page of SAR)

Student's adjusted gross income? _____
(SAR – line 36, or IRS Form 1040 – line 8b)

Student's income earned from work: _____
(SAR – line 39, or IRS Form 1040 – line 1)

Student's total of cash, savings, and checking accounts: _____
(SAR – line 39, or estimated)

Parents' adjusted gross income? _____
(SAR – line 84, or IRS Form 1040 – line 8b)

Parent 1 income earned from work: _____
(SAR – line 88, or IRS Form 1040 – line 1)

Parent 2 income earned from work: _____
(SAR – line 87, or IRS Form 1040 – line 1)

Parents' total of cash, savings, and checking accounts: _____
(SAR – line 88, or estimated)

Parents' net worth of current investments: _____
(SAR – line 89, or estimated)

Parents' net worth of business/investment farms: _____
(SAR – line 90, or estimated)

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V. Attachments

Attach the following:

- **FAFSA SAR**

Financial Information: Complete a Free Application for Student Federal Aid (FASFA) and attach the Student Aid Report (SAR). The SAR from the FASFA must accompany this application. Without this form this application will not be considered.

- **a current copy of your high school transcript**

- **a recent photograph with your full name on the back of the photograph**

VI. Signatures

We declare that the information reported herein is true, correct, and complete. We understand that false information may result in denial of aid. All blanks on this form are completed. We are aware that failure to do so may disqualify this application. We agree to the use of this confidential information by the Stanzel Family Foundation.

Student's signature: _____

Parent's/Guardian's signature: _____

VII. To be completed by the school counselor:

Class rank: _____ / _____ Quartile: _____

Class rank = applicant's numerical ranking / total number of students in graduation class

SAT Score: CR _____ Math _____ Writing _____ Total _____

ACT Score: _____

Composite 4yr. Grade: _____ School Official Signature: _____

School Official's comments (for explanation purposes if helpful):

