

Family and Friends of Taylor Zumbro Scholarship

(For students interested in the field of Education, Healthcare/Vet, or Communications/Journalism)

Taylor unfortunately passed away too soon and was unable to fulfill her dreams of going to college and starting her life after school. Taylor enjoyed high school, spending time with her friends and participating in activities at school and within her community. Taylor was a loving and caring individual who truly cared about others and was always willing to help someone in need. The Family and Friends of Taylor Zumbro Scholarship was established in hopes of helping others fulfill their dreams and honoring the memory of Taylor Zumbro.

Scholarship Criteria:

- ❖ Member of GHS graduating class
- ❖ Please attach a personal essay (500 words or less) describing your goals and how you are going to achieve them. Also let us know why you should be the candidate to receive this scholarship. In addition, please include in your essay information regarding **Factor V Leiden**, also known as **Leiden Factor 5** (Blood Clotting Disorder) and how you would create awareness around this genetic disorder.
- ❖ A copy of your high school transcript.
- ❖ Two letters of recommendation from a teacher or personal reference (non-family)
- ❖ Applications including essay, transcripts, and letters of recommendation must be received in the Galion High School Guidance Office no later than **March 23**.

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Scholarship Guidelines:

- ❖ Scholarship amount is \$1000.00, Subject to change annually, at the discretion of “Family and Friends”.
- ❖ Award will be paid at the end of the first semester/quarter (Dec. 31st) and will be paid directly to the college or university of enrollment.
- ❖ The recipient must maintain status of full-time student and carry a 3.0 GPA. If the recipient cannot fulfill the scholarship requirements, the scholarship will be terminated.
- ❖ **It is the responsibility of the recipient to make contact with the Family and Friends chairperson, Ms. Lori Zumbro, at the end of the first semester/quarter to receive payment. Recipient must have proof of a 3.0 GPA and proof of enrollment for next quarter/semester.**

Authorization to Release Information

I/WE certify that all information on this application is true, complete, and accurate to the best of my/our knowledge. Any false information will be cause for denial of the scholarship offered. I/We agree that the applicant intends to maintain full-time student status and keep at least a 3.0 GPA.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

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Application Form

Birth Date: _____

Name: _____
First MI Last

Address: _____
Street City Zip

Phone: _____

Mother's Name: _____

Father's Name: _____

To what colleges have you applied?

To what colleges have you been accepted?

What school activities and leadership activities have you been involved with?

What Community, Volunteer or Church activities have you been involved in?

Have you had any work experience? Give employer, duties, and dates of employment. _____
