**ANDREW J. ZABIEREK FOUNDATION**

***Honoring Those That Serve***

**Scholarship Application for Massachusetts Veterans**

Dear Veteran Applicant:

Thank you for your service to our country and for your interest in the Andrew J. Zabierek Memorial Scholarship. You must be a resident of Massachusetts with an honorable discharge, pursuing your university or technical degree, to qualify. The Andrew J. Zabierek Foundation selection committee will choose two recipients for a $2500 scholarship based on the following criteria:

1. Completion of the attached application form.
2. Two letters of recommendation from individuals (not related to you) who are in a position to evaluate your character, commitment, and capacity to succeed in your future endeavors (i.e. former Commander, Priest/Minister/Rabbi, Work Supervisor, Academic Instructor, etc.).
3. A copy of your DD 214 showing your honorable discharge from service.
4. Proof of payment to your selected college or technical school.
5. A personal reflection essay of about 500 words (1-2 pages) describing how your service has impacted you personally and how you will continue to serve your community or country in the future. You should also describe your educational and professional goals for when you complete your education.

Please mail all of the above application materials to:

Andrew J. Zabierek Foundation

4 Pennsylvania Avenue

Chelmsford, MA 01824

If you have any questions, please feel free to contact the Foundation using the information listed below. We look forward to reviewing your application.

Warm Regards,

Mark J. Zabierek

President

[www.ajzfoundation.org](http://www.ajzfoundation.org) 4 Pennsylvania Ave, Chelmsford, MA 01824 978-935-3253

**ANDREW J. ZABIEREK FOUNDATION**

***Honoring Those That Serve***

**Scholarship Application for Massachusetts Veterans**

***Personal Information***

Name (first, middle, last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex F M

***High School Information***

Name of High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Year\_\_\_\_\_\_\_\_GPA\_\_\_\_\_\_\_\_

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***School/College/University Attending***

Name of School you will attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Semester and Year began school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual Tuition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Desired Career\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Financial Information***

Have you filed for FAFSA?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received or are you applying for any other scholarships or loans? Please list

below by name, amount, and whether you have received it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving Montgomery GI Bill benefits?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Employment/Activities***

Do you intend to work while you complete your education? If so, please list your current

or pending job (company/position/location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about any volunteer, school, or community activities in which you participate or

intend to participate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***How did you hear about the Andrew J. Zabierek Memorial Scholarship?***

*I certify that I am a Massachusetts resident with an honorable discharge pursuing my post-secondary education. I declare that the information reported on this application is true and complete to the best of my knowledge. I authorize the Andrew J. Zabierek Foundation to secure information including school records and financial information from my college, university, or technical school.*

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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