

# The Matthew Garcia Memorial Scholarship

Administered by:  
ST. JOHN THE EVANGELIST CATHOLIC CHURCH  
201 Saint John's Road  
Borger, TX 79007

The Matthew Garcia Memorial Scholarship is for any student who wishes to pursue a vocational, trade or technical degree or certification. Each year one scholarship will be awarded to a deserving student in the amount of \$2,000.

Not all students are meant to attend 4-year universities and neither was Matthew Garcia. He received an associates degree in science in Instrumentation & Electrician and was PPG certified in automobile painting. This scholarship is meant to assist other students, like Matthew, who are interested in vocational, trade or technical certifications or degrees.

To be eligible the prospective applicant must be planning on attending a community college, vocational school, trade school or other short-term training program such as automotive, plumbing, welding, cosmetology, etc.

Preference for this scholarship will be given to members of St. John the Evangelist Catholic Church. However, if there are no applications from church members, other applicants will be considered.

**Required fields are indicated by an asterisk (\*).**

## Eligibility:

1. \_\_\_\_\* Enrolled or entering an accredited vocational or trade school.
2. \_\_\_\_\* Provide proof of enrollment or documentation of acceptance.
3. \_\_\_\_\* Submit the completed application by the deadline. (April 30<sup>th</sup>)

## 4. \*Name:

- a. First name\*-- Middle name(s) -- Last name\*:

\_\_\_\_\_

## 5. \*Home address:

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

6. \* Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

7. E-mail: \_\_\_\_\_

8.. \*Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

9. \*Are you a member of St. John the Evangelist Catholic Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what church do you attend? \_\_\_\_\_

10. \*What community college, trade or vocational school do you plan to attend?

\*Name: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

11. \*What degree/certification or training program are you interested in receiving?

12. \*Briefly tell why you are interested in receiving this scholarship.

13. \*Certification Statement:

By signing my name below, I confirm that all of the information provided above is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed application to:

ST. JOHN THE EVANGELIST CATHOLIC CHURCH  
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