



KAZMA FAMILY FOUNDATION SCHOLARSHIP

Administered by the
Catholic Education Foundation of the Diocese of Joliet



APPLICATION DEADLINE IS FEBRUARY 1, 2027

Please print. Do not staple documents

APPLICANT INFORMATION

Name of Student: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Gender: _____

Name of school currently attending: _____

City: _____

Name of high school you plan to attend: _____

Catholic Parish you attend: _____

City: _____

Preferred Phone: _____ Parent Email Contact: _____

FAMILY INFORMATION

Student lives with: ☐ Two parents ☐ Mother only ☐ Father only ☐ Other _____

Brothers/Sisters (Name/Age – School – Tuition cost):

Did siblings receive a Kazma Scholarship in the past? ☐ No ☐ Yes

If yes, list sibling's name/school/graduation year:

STUDENT ESSAY – 250 words or less

This section is **REQUIRED** to be handwritten. Attach additional pages if necessary.

Please tell us about yourself, your family, your interests, activities, service projects and what makes you happy. Include how being a Catholic has shaped the person you are today.

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