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CONTACT INFORMATION

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Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Miss \_\_\_

Full Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Permanent Address \_\_\_\_\_ City

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address ( if different than permanent address)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Contact Number \_\_\_\_\_ Mobile \_\_\_ Landline \_\_\_

Alternate Contact Number \_\_\_\_\_ Mobile \_\_\_ Landline \_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE COMPLETE THIS SECTION:

Name of parent(s) or legal guardian(s) \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Contact Number \_\_\_\_\_

Parent(s) or Legal Guardian(s) permission:

I/We the parents(s) and or legal guardian(s) of minor child,  
\_\_\_\_\_ understand all the criteria and intentions  
associated with this scholarship application and hereby give our consent for our minor child to  
apply in the scholarship process. I/We also understand that the Tailwinds of Hope Zachary  
Capra Foundation will bear no liability during the instructional phase of training, should the  
applicant be successfully awarded this scholarship.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## SCHOOLING AND INVLOVEMENT

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Are you currently enrolled in school? Yes \_\_\_\_ No \_\_\_\_

If currently enrolled in school: provide name of school or college: (include Address, City, State, Zip & Website)

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Highest year of school completed: (Select current or highest completed of High School or College)

High School: 9<sup>th</sup> \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 11<sup>th</sup> \_\_\_\_ 12<sup>th</sup> \_\_\_\_

College: Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Graduate School \_\_\_\_

Cumulative GPA: \_\_\_\_ What Scale \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

What is your college major? \_\_\_\_\_

Are your official high school or college transcripts: Attached \_\_\_\_ Mailed In \_\_\_\_

If in High School or currently in College: Do you plan to attend college: Yes \_\_\_\_ No \_\_\_\_

If Yes, which College: \_\_\_\_\_

List any involvement within the past several years that demonstrate leadership and community involvment. Focus on school clubs, school leadership, team or individual sports, volunteerism and/or work experience. (Use additional sheet(s) if necessary).

Activity	Length & Involvement	Titles or Positions	Contact Name and Phone# of Supervisor







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## LETTERS OF RECOMMENDATION

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Please attach two (2) letters of recommendations from individuals who can assess your qualities, characteristics, and capabilities of your character. They should have first hand knowledge of your work habits and achievements, along with an understanding of what your ultimate pursuit is, by applying for this scholarship.

When thinking about who to ask to write your letters of recommendation, consider asking one of your teachers that you have worked with in school and who knows you on a personal level. You can also ask your school counselor, employer, coach, mentor, or another adult that will be excited to help you succeed. Asking someone who you have mutual respect for, knows your best skills, and is invested in you future will make your recommendation letter stand out.

Do not ask your parents or other family members to write the letter of recommendation. We want to hear from someone who you have impressed, worked for, or taken classes from.

Limit your letter of recommendation to one page.

Letter of Recommendation #1 Information:

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Contact Number \_\_\_\_\_

Letter of Recommendation #2 Information:

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Contact Number \_\_\_\_\_

