

TANYA GORDON MEMORIAL SCHOLARSHIP APPLICATION

*Must be received by March 27, 2026*

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ U.S. CITIZEN? \_\_\_\_\_

CALIFORNIA RESIDENT \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NUMBER OF DEPENDENTS \_\_\_\_\_

IF YOU ARE A DEPENDENT, PLEASE INCLUDE A COPY OF YOUR PARENTS' LAST TAX RETURN. IF YOU ARE INDEPENDENT, PLEASE INCLUDE A COPY OF YOUR LAST TAX RETURN. PLEASE BLOCK OUT ALL BUT THE LAST FOUR DIGITS OF SSN ON TAX RETURNS ONLY.

I hereby authorize The Tanya Gordon Memorial Scholarship to receive, retain, and consider my tax return(s) for the \_\_\_\_\_ tax year for purposes consistent with this scholarship application.

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*Signature of Applicant*

EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

CERTIFICATE/DEGREE PROGRAM \_\_\_\_\_

EDUCATIONAL GOAL \_\_\_\_\_

SCHOLARSHIP YOU ARE APPLYING FOR

2-YEAR COLLEGE \_\_\_\_\_ WHERE \_\_\_\_\_

4-YEAR COLLEGE \_\_\_\_\_ WHERE \_\_\_\_\_

ADDRESS OF COLLEGE \_\_\_\_\_

DO YOU PLAN TO TRANSFER? \_\_\_\_\_ TO WHERE? \_\_\_\_\_

OVERALL UNITS EARNED \_\_\_\_\_ GPA \_\_\_\_\_

MILITARY? \_\_\_\_\_ MILITARY DEPENDENT? \_\_\_\_\_

*List your participation within the last two years in academic achievement and/or campus, community, or volunteer organizations. (You may use an additional page.)*

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*Please type a double-spaced **essay** about yourself as a person and your family. You may want to include significant events in your upbringing, those who influenced your decision to declare a major or establish a particular career goal, and a general philosophy of living. (Not more than two pages.)*

*Please include at least two letters of recommendation.*

*I agree to and understand the following:*

*My completed application, including transcripts, may be released to my donor. I consent to this information being released for publicity purposes.*

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*Signature*

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*Date*

*PLEASE NOTE: Applications will be accepted from January 1, 2025, through March 27, 2026. Late applications will not be accepted. This application must be filled out completely, and all requested documents must be attached to be considered.*

*Please drop off or mail to:*

*Tanya Gordon Memorial Scholarship  
High Desert Community Foundation  
20601 Hwy 18, #171  
Apple Valley, CA 92307*

*Would you be interested in volunteering your support during fundraising events to benefit and maintain the TANYA GORDON MEMORIAL SCHOLARSHIP FUND to help future scholarship recipients? YES        NO*

*May we publish information about you in our TANYA GORDON MEMORIAL SCHOLARSHIP NEWSLETTER if you are a scholarship recipient? YES        NO*

*I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of information may result in the termination of any scholarship granted.*

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*Signature*

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*Date*