

# Scholarship Impact Statement



Submit to [allisontaylorzimmonfoundation@gmail.com](mailto:allisontaylorzimmonfoundation@gmail.com) no later than May 31, 2025

Expense (Ex: Tuition, Meal Plan, Laptop)	Cost Covered (by ATZ Scholarship)
	\$
	\$
	\$
	\$

I affirm that the above information is true and correct and that the funds awarded to me were only spent on academic needs.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**THE ALLISON TAYLOR ZIMMON FOUNDATION**  
[www.atzfoundation.org](http://www.atzfoundation.org)

1681 PALM AVE | WINTER PARK, FL | PHONE: 407-720-5853 EMAIL: [allisontaylorzimmonfoundation@gmail.com](mailto:allisontaylorzimmonfoundation@gmail.com)

EIN: 93-3813473