

Sacramento City Unified School District Scholarship Renewal Application

Today's Date:				
Name:		College Student ID #:		
Street Address:		City:	State:	Zip Code:
Cell Phone:		Ho	ome Phone:	
Personal E-mail Address:				
College/University attended	this past year:			
College/University you will	be attending next y	year:		
An unofficial transcript or co transcript or course schedule				il this form and your
Check All Scholarships Th	at Apply			
for four years) Ye • Enroll full-time college eligible • Maintain a Cur • Be in academic • Graduation on- • Enrolled in a m Luela M. Goff Metor four years) Ye • Enroll full-time • Maintain a Cur	ear in College (che e (12 semester cred e for four-year colle mulative Grade Poi e "good standing" -track in four years master or other grad emorial Scholarshi ear in College (che	eck one): \square 2 nd \square dits or equivalent) ege transfer at the ent Average (CGPa duate program for a expectage in Renewal Appliect one): \square 2 nd \square dits or equivalent)	in an accredited four-year end of the 2 nd year. A) of 3.0 or better a 5 th year scholarship cation Eligibility Required 13 rd □ 4 th in an accredited four-year	ements (\$900 per year
two years) Year/Semester in • Enroll full-time • Maintain a Cui	College: □ Year 2	2 lits or equivalent)	n Eligibility Requirement in an accredited four-year A) of 2.5 or better	-
For Office Use Only: A	Approved	Date	Disapproved	Date