## **Sacramento City Unified School District**

## **Scholarship Renewal Application**

Гоday's Date:			
Name:	College Student ID #:		
Street Address:	City:	State:	Zip Code:
Cell Phone:	F	Iome Phone:	
Personal E-mail Address:			
College/University attended this past year:			
College/University you will be attending next yea	ar:		
An unofficial transcript or course schedule are retranscript or course schedule in pdf format to male			nail this form and your
Check All Scholarships That Apply			
		a 5 <sup>th</sup> year scholarship	
Luela M. Goff Memorial Scholarship for four years) Year in College (check Enroll full-time (12 semester credits Maintain a Cumulative Grade Point Be in academic "good standing"  Dell'Orto Simmons Scholarship Rene two years)  Year/Semester in College: Year 2  Enroll full-time (12 semester credits Maintain a Cumulative Grade Point Be in academic "good standing"	k one): 2 <sup>nd</sup> s or equivalent) t Average (CGF wal Application s or equivalent)	in an accredited four-year  A) of 3.0 or better  Characterist in an accredited four-year  in an accredited four-year	ear college nents (\$2,500 per year for
For Office Use Only: Approved	Date	Disapproved	Date