



Sacramento City Unified School District

Scholarship Renewal Application

Name: _____ College Student ID #: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Personal E-mail Address: _____

College/University attended this past year: _____

College/University you will be attending next year: _____

An unofficial transcript or course schedule are required to confirm enrollment. Please email this form and your transcript or course schedule in pdf format to malinda-chambers@scusd.edu.

Check All Scholarships That Apply

George H. Clark Memorial Scholarship Renewal Application Eligibility Requirements (\$5,000 per year for four years) Year in College (check one): 2nd 3rd 4th

Enroll full-time (12 semester credits or equivalent) in an accredited four-year college, or two-year college eligible for fourligible for four

for a 5th year scholarship

Luela M. Goff Memorial Scholarship Renewal Application Eligibility Requirements (\$900 per year for four years) Year in College (check one): 2nd 3rd 4th

Enroll full-time (12 semester credits or equivalent) in an accredited four-year college
Maintain a Cumulative Grade Point Average (CGPA) of 3.0 or better

Dell'Orto Simmons Scholarship Renewal Application Eligibility Requirements (\$2,500 per year for two years)

Year/Semester in College: Year 2

Enroll full-time (12 semester credits or equivalent) in an accredited four-year college
Maintain a Cumulative Grade Point Average (CGPA) of 2.5 or better

For Office Use Only: Approved _____ Date _____ Disapproved _____ Date _____