

## Sacramento City Unified School District

## **Scholarship Renewal Application**

Today's Date:			
ame:College Student ID #:			
Street Address:	City:	State <u>:</u>	Zip Code:
Cell Phone:	Phone: Home Phone:		
Personal E-mail Address:			
College/University attended this past year	nr:		
College/University you will be attending	next year:		
An unofficial transcript or course schedu transcript or course schedule in pdf form			il this form and your
Check All Scholarships That Apply			
George H. Clark Memorial Sofor four years) Year in College Enroll full-time (12 semeste college eligible for four-year Maintain a Cumulative Grabe in academic "good stand Graduation on-track in four Enrolled in a master or other Luela M. Goff Memorial Schofor four years) Year in College Enroll full-time (12 semeste Maintain a Cumulative Grabe in academic "good standard"	er credits or equivalent) in a recollege transfer at the end de Point Average (CGPA) ding" ryears er graduate program for a 5 plarship Renewal Applicate (check one): 2 <sup>nd</sup> 3 er credits or equivalent) in a de Point Average (CGPA)	an accredited four-year d of the 2 <sup>nd</sup> year. of 3.0 or better  th year scholarship  tion Eligibility Required 4th  an accredited four-year	college, or two-year
Dell'Orto Simmons Scholarsh two years) Year/Semester in College: Enroll full-time (12 semester Maintain a Cumulative Gra Be in academic "good stand	Year 2 er credits or equivalent) in a de Point Average (CGPA)	an accredited four-year	-
For Office Use Only: Approved	Date	Disapproved	Date