

Sacramento City Unified School District

Scholarship Renewal Application

Today's Date:			
Name:College Student ID #:			
Street Address:	City:	State:	Zip Code:
Cell Phone:	Home Phone:		
Personal E-mail Address:			
College/University attended this past year	ar:		
College/University you will be attending	g next year:		
An unofficial transcript or course schedule in pdf form			il this form and your
Check All Scholarships That Apply			
college eligible for four-ye Maintain a Cumulative Gra Be in academic "good stan Graduation on-track in fou Enrolled in a master or oth Luela M. Goff Memorial Scho for four years) Year in Colle Enroll full-time (12 semest	ter credits or equivalent) in ear college transfer at the en ade Point Average (CGPA) ding" r years er graduate program for a 5 colarship Renewal Applicate (check one): 2 nd 3 ter credits or equivalent) in ade Point Average (CGPA)	an accredited four-year d of the 2 nd year. of 3.0 or better th year scholarship tion Eligibility Required 4th an accredited four-year	college, or two-year
Enroll full-time (12 semest	Year 2 ter credits or equivalent) in ade Point Average (CGPA)	an accredited four-year	-
For Office Use Only: Approved_	Date	Disapproved	Date