



Mountain Communities Scholarship Application

Instructions: Please fill out the following form completely and print clearly. Carefully check your information. Include transcript or proof of grades, a biographical essay and 3 letters of recommendation. Sign the application.

YOUR APPLICATION IS NOT COMPLETE UNTIL THE SIGNED COPY AND CURRENT TRANSCRIPT OR REPORT CARD IS RECEIVED BY US IN THE MAIL.

Last Name: _____ First Name: _____ Middle Initial: _____

Phone: _____ Email Address: _____

CSUSB Student ID # (if applicable): _____ Date of Application: _____

Home address: _____

Current mailing address (if different from above): _____

The following information is requested for use in release of an announcement.

Mother's name, phone and address: _____

Father's name, phone and address: _____

Spouse's name, phone and address: _____

Please complete Section A, B, or C, whichever is relevant to you.

Returning Mountain Communities Scholarship recipients:

Only current personal information, proof of enrollment and grades received at CSUSB is required for consideration of scholarship renewal.

★ SECTION A (For current high school seniors)

Name of high school and expected graduation date: _____

Please list all Advance Placement and/or honors classes you have completed.

What is your current grade point average? _____

Which, if any, of the following achievement tests have you taken?

ACT: Date taken _____ Score _____ Not taken _____

Pre-SAT: Date taken _____ Score _____ Not taken _____

SAT: Date taken _____ Score _____ Not taken _____

Other test (name of test): _____ Date taken _____ Score _____

Please list honors and awards received: _____

Please list student activities, academic, athletic and social (include offices held): _____

Please list community activities: _____

If you are not currently enrolled at CSUSB, and you receive this scholarship, will you attend CSUSB as a:

Full time student _____ Part time student _____

What is your prospective major? _____

★ SECTION B (For those currently enrolled in college)

Name of college or university: _____

Current level: Freshman Sophomore Junior Senior Post graduate

Current status: Part-time Full-time

Which, if any, of the following achievement tests have you taken?

ACT: Date taken _____ Score _____ Not taken _____

Pre-SAT: Date taken _____ Score _____ Not taken _____

SAT: Date taken _____ Score _____ Not taken _____

Other test (name of test): _____ Date taken _____ Score _____

What is your current grade point average? _____

How many units/credits/hours have you earned? _____

Please list other colleges/universities you have attended, and the dates of attendance: _____

Please list honors and awards received: _____

Please list other scholarships for which you have applied: _____

Please list student activities, academic, athletic and social (include offices held): _____

Please list community activities: _____

If you are not currently enrolled at CSUSB, and you receive this scholarship, will you attend CSUSB as a:

Full time student _____ Part time student _____

What is your prospective major? _____

★SECTION C (for applicants not currently enrolled in high school or college)

Are you a high school graduate? Yes No GED

If yes, what high school did you attend and date of graduation: _____

Please list other colleges/universities you have attended, dates of attendance, and degrees earned:

How many units/credits/hours have you earned? _____

If you are not currently enrolled at CSUSB, and you receive this scholarship, will you attend CSUSB as a:

Full time student _____ Part time student _____

What is your prospective major? _____

Please list community activities and/or honors received: _____

Signature: _____ Date: _____

Send this application to:

CSUSB Mountain Communities Scholarship Committee
5500 University Pkwy, Univ. Adv. AD-104

Please be sure to include:

- A. Biographical essay
- B. **Three** letters of recommendation

SCHOLARSHIP DEADLINE: Monday, April 9, 2018

California State University, San Bernardino Mountain Communities Scholarship Consent Form

Name			CSUSB SID#
	Last	First	M.I

Address:			
	Street	City	State Zip

Home Number:	Cell Number:
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E-mail: _____

Will you attend California State University, San Bernardino (CSUSB) during the 2018-19 academic year?

Yes No

What is your declared major at CSUSB? _____

I give CSUSB permission to release this information to the award donor.

Yes No

I give CSUSB permission to publicize my scholarship should I be a recipient.

Yes No

If selected for this scholarship I agree to write a personal thank you letter to the donor. (Instructions will be provided on the official scholarship award letter issued by the CSUSB Financial Aid Office).

Yes No

I give my consent for the Admission and Records office to CSUSB to forward information regarding my academic records to the Scholarship Selection Committee. I certify that the information provided on this application is complete and accurate.

Yes No

I certify that the information provided on this application is complete and accurate.

Applicant's Signature

Date

This Consent Form must accompany your scholarship application!



Scholarship Criteria

- Scholarships will be awarded to students attending CSUSB.
- Applicants must be residents of the greater Lake Arrowhead mountain communities, encompassed by the Rim of the World Unified School District.
- Scholarships are available to all majors, preference given to education/liberal studies, nursing or health care related majors.
- Financial need considered but not essential
- Students may have full or part-time status as an undergraduate or graduate student.
- Scholarship recipients may reapply yearly if they maintain a minimum 3.0 grade point average.