

## **Mountain Communities Scholarship Application**

Instructions: Please fill out the following form completely and print clearly. Carefully check your information. Include 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 PRIOR TO APRIL 13, 2020.

Last Name:	First Name:	Middle Initial:
Phone:	Email Address:	
CSUSB Student ID # (if ap	plicable):	Date of Application:
Home address:		
Current mailing address	(if different from above):	
The following informat	ion is requested for use in re	lease of an announcement.
Mother's name, phone	and address:	
Father's name, phone a	ind address:	
Spouse's name, phone	and address:	
		Recipients: Consideration for scholarship tion, proof of enrollment and proof grades
All other applicants:	Complete Section A, B, or	C, whichever is relevant to you.
-	rent high school seniors) d expected graduation date:	
Please list all Advance P	Placement and/or honors clas	sses you have completed.
	_	
What is your current gr	ade point average?	

Which, it any, of the	· ·		•	Not taken		
ACT: Date taken Pre-SAT: Date taken					<del></del>	
SAT: Date taken						
Other test (name of						
Please list honors ar						
Please list student a						
Please list communi	ty activities:					
Will you be attendir	ng CSUSB as a:					
Full time student		Part time stud	lent			
What is your prospe	ective major?					
★SECTION B (For Name of college or u						
Current level:	Freshman	Sophomore	Junior	Senior	Post graduate	
Current status:	Part-time	Full-time				
Which, if any, of the	following achiev	ement tests have	you taken?			
ACT: Date taken		Score		Not taken		
Pre-SAT: Date taken	<u> </u>	Score		Not taken		
SAT: Date taken		Score		Not taken		
Other test (name of test):		Date taken		Score	Score	
What is your curren	t grade point ave	rage?				
How many units/cre	edits/hours have y	you earned?				
Please list other coll	leges/universities	you have attende	ed, and the da	tes 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 (inc	lude offices held):
Please list community activities:	
Will you be attending CSUSB as a:	
Full time studentPart time student	
What is your prospective major?	
★SECTION C (for applicants not currently enrolled in high school graduate? Yes	gh school or college) No GED
If yes, what high school did you attend and date of graduation	n:
Please list other colleges/universities you have attended, date	es of attendance, and degrees earned:
How many units/credits/hours have you earned?	
If you are not currently enrolled at CSUSB, and you receive the Full time studentPart time student	· · · · · · · · · · · · · · · · · · ·
What is your prospective major?	
Please list community activities and/or honors received:	
Signature: Date	
Send this application to:	*Please be sure to include:
CSUSB Mountain Communities Scholarship Committee 5500 University Pkwy, Univ. Adv. AD-104 San Bernardino, CA 92407 SCHOLARSHIP DEADLINE: Monday, April 13, 2020	<ul><li>A. Biographical essay</li><li>B. <b>Three</b> letters of recommendation</li><li>C. Proof of Grades</li></ul>

## 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:		
E-mail:					
Will you attend C	California Stat	te University, San	Bernardino (CSUSB) duri	ng the 2020-21 academic year?	
		Yes	No		
What is your dec	lared major a	nt CSUSB?			
I give CSUSB perr	nission to rel	ease this informa	tion to the award donor.		
		Yes	No		
I give CSUSB perr	nission to pu	blicize my scholar	ship should I be a recipie	nt.	
		Yes	No		
	_	_	personal thank you letter rissued by the CSUSB Fir	er to the donor. (Instructions will be nancial Aid Office).	
		Yes	No		
	holarship Sel			vard information regarding my acade nation provided on this application is	
		Yes	No		
I certify that the information provided on this application is complete and accurate.					
Applicant's Signa	ture			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.