

## **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.

Last Name:	_First Name:	Middle Initial:			
Phone:	Email Address:				
CSUSB Student ID # (if applicable):		_Date of Application:			
Home address:					
<i>The following information is requested for use in release of an announcement.</i> Mother's name, phone and address:					
Father's name, phone and address:					

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

<u>Returning Mountain Communities Scholarship recipients:</u> **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 te	st):	Date t	aken	Score			
Please list honors and	awards receive	ed:					
					_		
Please list student acti	vities, academi	c, athletic and so	cial (include o	ffices held):			
Please list community	activities:						
If you are not currently			eive this scho	larship, will you att	end CSUSB as a:		
Full time student		Part time stuc	lent				
What is your prospect	ive 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 fo	ollowing achiev	ement 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 (inc	lude offices held):
Please list community activities:	
If you are not currently enrolled at CSUSB, and you receive thi	is scholarship, will you attend CSUSB as a:
Full time studentPart time student	
What is your prospective major?	
★ SECTION C (for applicants not currently enrolled in high Are you a high school graduate? Yes	No GED
If yes, what high school did you attend and date of graduation	1:
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	is scholarship, will you attend CSUSB as a:
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: Friday, April 19, 2019	A. Biographical essay B. <b>Three</b> letters of recommendation C. Proof of Grades

## California State University, San Bernardino Mountain Communities Scholarship Consent Form

Name		CSUSB SID#				
	Last	First	M.I			
Address:						
Auuress.	Street	City		State	Zip	
Home Number:			Cell Number:			
E-mail:						
Will you attend Ca	lifornia State	University, San Berna	rdino (CSUSB) durin	g the 2019-20 academic year?		
		Yes	No			
		105	No			
What is your decla	ared major at (	CSUSB?				
			Alexander and the second			
I give CSUSB perm	ission to relea	se this information to				
		Yes	No			
I give CSUSB perm	ission to publi	cize my scholarship sl	nould I be a recipien	t.		
		Yes	No			
If colored for this	aab alawabin La					
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			
l give my consent	for the Admiss	ion and Records offic	e to CSUSB to forwa	rd information regarding my acade	mic	
records to the Sch	olarship Select			ation provided on this application is		
complete and accu	urate.					
		Yes	No			
I certify that the information provided on this application is complete and accurate.						
Applicant's Signat	ure			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.