## NEED MONEY FOR COLLEGE?



DEADLINE TO TURN IN APPLICATION
Friday
MAY 10TH

425 Plumas Blvd. Suite 200 Yuba City, Ca 95991



## Yuba City Education Foundation Scholarship Application

Student Name:			(
High School:			
Permanent Home Address:			
City:	State:	Zip Code:	
Parent/Guardian:			
Phone Number:	Parent Email:		
College Attending:		_ Accepted:  Yes	or No
Intended Major:			
Upcoming Fall Status: New First- Year Student	_ Second Year	Third Year	Fourth Year
Overall Unweighted GPA (9- 12):		Weighted GPA (10-12):	
Optional: <i>Please include verification</i> SAT Overall Score:		ACT Score:	
Honors/ Awards:		Organiz	ation:

Activ	ities and organizations:	Positions Held:
Empl	oyment/ Volunteer:	Dates:
Linbi	Oyment Volunteer.	
1. 2.	TRANSCRIPT of academic record fro college. TWO LETTERS OF RECOMMENDATION	TION, PLEASE INCLUDE THE FOLLOWING: om your counseling department high school or ON: one form an educator and one from an
3.	PERSONAL STATEMENT: In 500 wor future goals, and how you would be additional information you feel is re	our abilities and deserving qualities.  ds or less, briefly describe yourself, your  nefit from this scholarship. Please include any levant. This statement will weigh heavily in the
Du or	committee's decision process.	ll of the information contained on this
		best of my knowledge. I hereby give
		Foundation to share this information and
_	icture for publicity related purpo	
Si	gnature of Applicant	Date

Please Deliver your completed application no later than MAY 10th at 4:30pm to:
Yuba City Education Foundation
425 Plumas Blvd. Suite 200, Yuba City, CA. 95991