

State Council Cabrillo Civic Clubs of California, Inc.
Scholarship Committee



Application for an Undergraduate Scholarship

INSTRUCTIONS: Applications will be received at the office of the Chairperson of the State Scholarship Committee between **January 1st and March 15th** of the year of application. Applications postmarked after March 15th will be disqualified. Mail applications to the following address:

Breck Austin
State Scholarship Chairperson
472 Paradise View Drive
Vista, CA 92083
Phone: (760) 536-3575
Fax: (760) 536-3375
E-mail: teamaustin87@att.net

Application must be fully completed or applicant will be disqualified. Applications will not be accepted or considered, if the required documents are not attached and the following requirements are not met:

1. Applicants must be of **Portuguese descent** and be a **USA citizen** or **permanent resident**.
2. Applicant must have maintained a minimum **3.50 Total Weighted Grade Point Average for Grades 9 -12** and be a graduating Senior of a California high school.
(An official High School Transcript must accompany the application)
3. Applicant **meets all entrance requirements** of the accredited community college, college, trade school or university the applicant plans to attend.
4. Applicant must have participated in at least **three(3) extra-curricular activities** while in high school.
5. Applicant must present **three(3) letters of recommendation** from individuals who will vouch for the applicant's academic standing, character and personality. One letter must be from the **Principal, Dean or Counselor, verifying participation in the extra-curricular activities**. One letter must be from a **teacher of the high school attended**. One letter may be from **any other source except a relative** and may be an additional teacher. Individuals writing letters are to include their titles or position.
6. Applicants must complete the Application for an Undergraduate Scholarship, including the essay.

Awards are made on a competitive basis with consideration being given to the following categories: GPA, Leadership, Extra Curricular Activities, Work(Paid or Volunteer), Promise and Membership in Cabrillo Civic Clubs. The intent of the donors of this fund is to assist students of Portuguese descent who have a desire to secure a higher education.

Scholarships in the amount of **\$500.00** each will be awarded to Scholarship Recipients, upon **Verification of Enrollment** in an accredited community college, college, trade school or university. Each applicant will be notified by June 30th of the status of their application. Additionally, those applicants who are awarded a scholarship will receive award instructions for collecting the scholarship.

This application is for the use of applicants applying for admittance into any accredited community college, college, trade school or university in the U.S.A.

The following information, together with the statements made by the Applicant is for the Cabrillo Civic Clubs of California Scholarship Committee only and will be kept strictly confidential.

Application for an Undergraduate Scholarship

20__ __

Name _____ Home Phone (_____)_____-_____
(Full Name)

Cell Phone (_____)_____-_____

Mailing Address _____

City _____ Zip _____

Home Address _____

City _____ Zip _____ Years at location _____

Email: _____ County High School is located in _____

Date of Birth ____/____/____ Birthplace _____

American Citizen _____(Yes, No) (If NO are you a permanent resident) _____ (Yes, No)

Parents or guardians are a Cabrillo member _____ (Yes, No) Club # _____

Name of High School _____ Date of Graduation _____

Father's Full Name _____ National Descent _____

Mother's Full Name _____ National Descent _____

Mother's Maiden Name _____

Parents are: _____ Married _____ Single _____ Divorced _____ Widowed

For Committee Use Only - - DO NOT WRITE IN THIS SPACE - -

What is the Applicant's Total **Weighted** Grade Point Average?

(i.e. 3.40, 3.80)

Is the Applicant a Life Member of C.S.F. _____(Yes, No) If No, how many semesters _____

Number in Applicant's graduating class _____ Applicant's rank in class _____

According to our records the above statements are true and correct.

Signed _____ **Date** _____

Title: _____ **(Principal or Counselor)**

Name of College Applicant planning to attend: _____

Date of Entrance: _____ Major: _____
(i.e., Science, Business, English)

Name Business or Profession for which Applicant is preparing? _____

