



# CITY SC SAN MARCOS COLLEGE SCHOLARSHIP APPLICATION FORM

## Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

## Academic Information

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Guidance Counselor's Name: \_\_\_\_\_

Name of School you plan to attend: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

## Volunteer Information

Number of years volunteered in SMYS: \_\_\_\_\_ In what capacity? \_\_\_\_\_

Is your transcript attached to this application? Yes \_\_\_\_\_ No \_\_\_\_\_

**Read and sign below:**

***I certify that the information contained within this application is true to the best of my knowledge and is my own work. I understand that scholarships are awarded to aid in achieving educational goals, and if unforeseen circumstances change my pursuit to attend higher education, I will notify the CSCSM Board of Directors, and the scholarship may become void and terminated.***

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_