MINERVA CLUB TRUST FUND, INC. SCHOLARSHIP APPLICATION (Please print all information)

FULL NA	ME	TELEPHONE #	
ADDRESS	5,	,	
DATE OF	S, Street BIRTH STAT	City E/COUNTRY OF BIRTH _	Zip Code
EMAIL: _			
PARENTS	S' NAMES		
Are you re	lated to a past or present Minerva member?	Y / N Whom?	
	E/UNIVERSITY YOU PLAN TO ATTEND		
1. 2. 3. 4. 5. 6. 7. 8. Please ans: 1. 2.	a include the following: Graduating senior of an accredited Santa M A United States citizen (Initial) Demonstrated financial need Minimum 3.0 grade point average Demonstrated involvement in school and co Commit to enroll at an accredited institution Enroll for a minimum of twelve (12) units Enroll in academic classes fulfilling gradua wer the following questions on a separate she Why do you want to attend college? Please state why you need financial assistan If you are awarded a scholarship, are you pro-	ommunity activities n of higher learning in the fa tion requirements et and attach: nce.	-
To this app 1. 2. 3. 4.	college or state university this fall? plication, please attach the answers to the foll. In what school activities have you been inv In what community activities have you been What awards/other scholarships have you re Any other pertinent information you would	owing: olved? n involved (including emplo eceived?	yment)?
Also attac	n: the letter of recommendation from a school sta	off mombor	
Or An	he letter of recommendation from a communi Unofficial high school transcript. eted application is due no later than 3:00 p.m.	ty member (other than famil	y) _to your scholarship
advisor's c			_to your scholarship