A COMPLETE APPLICATION INCLUDES:

A completed City of Newport Beach 2025 Scholarship Program application, two reference letters (one from a teacher and one from a coach or mentor), and high school or community college transcripts.

Return to via Email:

HR@newportbeachca.gov RE: Scholarship Program,

by **5:00 p.m.**, on **Monday**, **April 7**, **2025**.

Name:	Phone:							
Address:	-	Zip:						
Email:								
High School or Community College Name:								
School Address:	_ City:	Zip:						
High School Graduation Date: Estimated Grade Point Average: (GPA must be at least 3.0; please attach transcript)								
College or University at which you intend to enro								
If you are a child of a regular, <u>full-time</u> City of New Employee's Name:								
REFE	RENCES							
List the names and addresses of the to have attached. References must be fro Please note that reference letters may	m a téacher a	and a coach or mentor.						
Name of Reference	Address							

In the	space below, des	scribe how yo	<u>:SSAY #1</u> u and your fa	mily plan to	finance your	college
educat	ion. Please note	you may only	type or print	t a maximum	of 500 word	S.
	If necessary, a	ıdditional shee	ets may be at	tached for y	our essays.	
	,		,	,	,	

ESSAY #3

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APPLICATION CHECKLIST

Please c	heck off each item confirming it is included with your application:
Cc	empleted Application
Fir	st Letter of Recommendation (Teacher)
Se	cond Letter of Recommendation (Coach or Mentor)
Tra	anscripts (official & unofficial will be accepted)
	ACKNOWLEDGMENT
recipient receivinç a statei laborato	are distributed between July and August upon verification that is enrolled in an accredited college or university. Prior to ge the scholarship award, recipients will be required to sign ment acknowledging that funds will be spent on tuition, books, ry and/or academic fees. Awards must be claimed within 30 days cation or scholarship will be forfeited.
an incom that, sho	ng below, I acknowledge that my application is complete, and that submitting applete application will disqualify me from consideration. I further understand all libe awarded a scholarship, I will be required to show proof of enrollment aredited college or university within 30 days of notification.
nted Name: _	
gnature:	Date: