A COMPLETE APPLICATION INCLUDES:

A completed City of Newport Beach 2021 Scholarship Program application, two reference letters (one from a teacher and one from a coach or mentor), high school or community college transcripts and results of SAT and/or ACT exams taken.

Return to via Email:

HRBenefit@newportbeachca.gov RE: Scholarship Program, by **5:00 p.m.**, on **Monday**, **May 3**, **2021**.

Name: J	Phone:								
Address:	City: Zip:								
Email:	Alt. 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 enroll									
If you are a child of a regular, <u>full-time</u> City of Newponton Employee's Name:	port Beach employee, please complete the following: Department:								
REFER	ENCES								
List the names and addresses of the two have attached. References must be from Please note that reference letters may not									
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.	
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ESSAY #3

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APPLICATION CHECKLIST

Please	check off each item confirming it is included with your application:
c	completed Application
F	irst Letter of Recommendation (Teacher)
S	econd Letter of Recommendation (Coach or Mentor)
т	ranscripts (official & unofficial will be accepted)
S	AT and/or ACT Exam Results
	ACKNOWLEDGMENT
recipier receivir a state laborate	are distributed between July and August upon verification that it is enrolled in an accredited college or university. Prior to ing the scholarship award, recipients will be required to sign ement acknowledging that funds will be spent on tuition, books, ory and/or academic fees. Awards must be claimed within 30 days fication or scholarship will be forfeited.
an inco that, sh	ing below, I acknowledge that my application is complete, and that submitting mplete application will disqualify me from consideration. I further understand ould I be awarded a scholarship, I will be required to show proof of enrollment ecredited college or university within 30 days of notification.
nted Name:	
gnature:	Date: