NEVADA JOINT UNION HIGH SCHOOL DISTRICT TEACHERS ASSOCIATION

SCHOLARSHIP NEW AND RENEWAL APPLICATION

NAME		TELEPHONE # First			
	Last	First			
ADDRESS	8				
	Street & Number	City	County	Zip Code	
DATE	SCHOOL	WHERE PARENT/GU	ARDIAN TEACHI	ES	
NAME OF	PARENT/GUARDIAN W	HO IS NUHSTA MEMI	BER		
HIGH SCH	IOOL YOU GRADUATED	FROM	GRADUATIO	ON DATE	
NJUHSD A	APPLICATION COMPLET	ED DURING YOUR SI	ENIOR YEAR?		
OVERALI	L HIGH SCHOOL GRADE	POINT AVERAGE?			
NAME OF	COLLEGE ATTENDED I	LAST YEAR			
NUMBER	OF UNITS COMPLETED	LAST YEAR (Semester	Units:) (Quarter Units:)
TOTAL N	UMBER OF UNITS COM	PLETED (Semester Unit	s:) (0	Quarter Units:)
CIRCLE Y	OUR YEAR OF COLLEG	E(1 2 3 4) IND	ICATE COLLEGE	GPA	
NAME OF	COLLEGE YOU WILL A	TTEND NEXT YEAR_			
NUMBER	OF UNITS YOU WILL CO	OMPLETE (Semester Ui	nits:) ((Quarter Units:)
SIGNATU					
	Student	Ν	NUHSTA Parent/Gu	lardian	
Please prov	vide the following documen	ts so your application ca	n be processed.		

1. A copy of your official college transcript(s) including your grades for classes taken this current year.

- This should be included with this application.
- To receive a NUHSTA Scholarship or Renewal, you must provide official proof of full-time enrollment in a regionally accredited college for the Fall semester or quarter <u>no later than October 1st</u> before funds can be released.

GRADUATING SENIORS, RETURN THIS FORM WITH DISTRICT SCHOLARSHIP APP; RENEW-ING APPLICANTS, PLEASE RETURN THIS APPLICATION <u>NO LATER THAN OCTOBER 15</u> TO:

NUHSTA President,

NUHSTA Scholarship Committee, Nevada Union High School, 11761 Ridge Road, Grass Valley, CA. 95945