NEVADA JOINT UNION HIGH SCHOOL DISTRICT TEACHERS ASSOCIATION SCHOLARSHIP NEW AND RENEWAL APPLICATION

NAME		TELEPHONE #		
	Last, First			
ADDRESS _.				
	Street & Number	City	County	Zip Code
DATE	SCHOOL WH	ERE PARENT/C	GUARDIAN TEAC	HES
NAME OF	PARENT/GUARDIAN W	HO IS NJUHST.	A MEMBER	
HIGH SCH	OOL GRADUATION DA	TE	SCHOOL	
APPLICAT	TION COMPLETED DURI	ING YOUR SEN	TOR YEAR? (yes/r	10)
OVERALL	HIGH SCHOOL GRADE	POINT AVERA	.GE?	
NAME OF	COLLEGE ATTENDED I	LAST YEAR		
NUMBER (OF UNITS COMPLETED	LAST YEAR (S	emester Units:) (Quarter Units:
TOTAL NU	UMBER OF UNITS COMPLETED (Semester Units:) (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 (Units:	OF UNITS YOU WILL CO	OMPLETE (Sem	ester Units:) (Quarter
SIGNATUI	RES			
	Student		NILIHST A Parent/Guardian	

Please provide the following documents so your application can 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.
- 2. To receive a NJUHSTA Scholarship or Renewal, you must provide official proof of full-time enrollment in a regionally accredited educational program for the Fall semester or quarter **no later than**October 15th before funds can be released.

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

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