

## **Scholarship Form**

<u>STEP 1</u> : APPLICANT – Fill out the following information and forward this sheet to your counselor.
Date of request
Date of upcoming course
Student is officially enrolled as a SMUHSD GATE student Yes No
I (student's name), a junior or senior (circle one) at(name of high school), SMUHSD, am requesting a scholarship to cover
(name of high school), SMUHSD, am requesting a scholarship to cover
all / part (circle one) of the fees to take the(name of course)
sponsored by the GATE Parents Group.
This scholarship is requested because of the following financial reasons:
I can contribute \$ toward the cost of the course.
Student's Signature & Email Address Parent's/Guardian's Signature & Email Address
STEP 2: COUNSELOR or PRINCIPAL – Please check all that apply. Scholarship applications must be received two weeks prior to the start of class and emailed to treasurer@gateparents.com.  Student meets IB/AP test scholarship criteria.  Student qualifies for the free/reduced lunch program based on household income limits.  Letter of recommendation from the high school counselor or high school principal (circle one) is attached.  (student's name) is a junior or senior (circle one) at (name of high school), SMUHSD. This student is recommended by (counselor's or principal's name) to receive a scholarship to cover all / part (circle one) of the fees to take the courses sponsored by the GATE Parents Group.  This student has a grade point average.
High School Counselor's Signature  OR High School Principal's Signature
This box is for the GATE Parents Group's use only. Do not mark.  Number of scholarship applicants for the upcoming class