

**State Council Cabrillo Civic Clubs of California, Inc.**  
*Scholarship Committee*



Application for an Undergraduate Scholarship

**INSTRUCTIONS:** Applications will be received at the office of the Chairperson of the State Scholarship Committee between **January 1st and March 15th** of the year of application. Applications postmarked after March 15th will be disqualified. Mail applications to the following address:

**Breck Austin**  
State Scholarship Chairperson  
472 Paradise View Drive  
Vista, CA 92083  
Phone: (760) 536-3575  
Fax: (760) 536-3375  
E-mail: [teamaustin87@att.net](mailto:teamaustin87@att.net)

Application must be fully completed or applicant will be disqualified. Applications will not be accepted or considered, if the required documents are not attached and the following requirements are not met:

1. Applicants must be of **Portuguese descent** and be a **USA citizen** or **permanent resident**.
2. Applicant must have maintained a minimum **3.50 Total Weighted Grade Point Average for Grades 9 -12** and be a graduating Senior of a California high school.  
*(An official High School Transcript must accompany the application)*
3. Applicant **meets all entrance requirements** of the accredited community college, college, trade school or university the applicant plans to attend.
4. Applicant must have participated in at least **three(3) extra-curricular activities** while in high school.
5. Applicant must present **three(3) letters of recommendation** from individuals who will vouch for the applicant's academic standing, character and personality. One letter must be from the **Principal, Dean or Counselor, verifying participation in the extra-curricular activities**. One letter must be from a **teacher of the high school attended**. One letter may be from **any other source except a relative** and may be an additional teacher. Individuals writing letters are to include their titles or position.
6. Applicants must complete the Application for an Undergraduate Scholarship, including the essay.

Awards are made on a competitive basis with consideration being given to the following categories: GPA, Leadership, Extra Curricular Activities, Work(Paid or Volunteer), Promise and Membership in Cabrillo Civic Clubs. The intent of the donors of this fund is to assist students of Portuguese descent who have a desire to secure a higher education.

Scholarships in the amount of **\$500.00** each will be awarded to Scholarship Recipients, upon **Verification of Enrollment** in an accredited community college, college, trade school or university. Each applicant will be notified by June 30<sup>th</sup> of the status of their application. Additionally, those applicants who are awarded a scholarship will receive award instructions for collecting the scholarship.

This application is for the use of applicants applying for admittance into any accredited community college, college, trade school or university in the U.S.A.

**The following information, together with the statements made by the Applicant is for the Cabrillo Civic Clubs of California Scholarship Committee only and will be kept strictly confidential.**

## Application for an Undergraduate Scholarship

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Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Full Name)

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Years at location \_\_\_\_\_

Email: \_\_\_\_\_ County High School is located in \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

American Citizen \_\_\_\_\_ (Yes, No) (If NO are you a permanent resident) \_\_\_\_\_ (Yes, No)

Parents or guardians are a Cabrillo member \_\_\_\_\_ (Yes, No) Club # \_\_\_\_\_

Name of High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Father's Full Name \_\_\_\_\_ National Descent \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ National Descent \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

*For Committee Use Only - - DO NOT WRITE IN THIS SPACE - -*

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What is the Applicant's Total **Weighted** Grade Point Average?

(i.e. 3.40, 3.80)

Is the Applicant a Life Member of C.S.F. \_\_\_\_\_(Yes, No) If No, how many semesters \_\_\_\_\_

Number in Applicant's graduating class \_\_\_\_\_ Applicant's rank in class \_\_\_\_\_

According to our records the above statements are true and correct.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title:** \_\_\_\_\_ **(Principal or Counselor)**

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Name of College Applicant planning to attend: \_\_\_\_\_

Date of Entrance: \_\_\_\_\_ Major: \_\_\_\_\_  
(i.e., Science, Business, English )

Name Business or Profession for which Applicant is preparing? \_\_\_\_\_

