

NEWCOMERS' SCHOLARSHIP APPLICATION

DATE _____



SPONSOR MEMBER'S NAME _____

RELATIONSHIP TO NEWCOMER MEMBER (If applicable) _____

APPLICANT'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

LAST SCHOOL ATTENDED _____ YEAR _____

GRADUATED YES _____ NO _____ WILL GRADUATE YEAR _____

DATE YOU WILL BE ATTENDING SCHOOL: DATE _____

NAME OF SCHOOL/COLLEGE/TRADE SCHOOL ACCEPTED AT: _____

ATTACH PROOF OF ENROLLMENT -- STUDENT ID NUMBER # _____

****IF SELECTED, THE FUNDS WILL BE DEPOSITED TO YOUR SCHOOL OF CHOICE IN STUDENT'S NAME.**

SCHOOL ADDRESS _____

MAJORING IN: _____ GOAL: _____

TECH SCHOOL GOAL: _____

PREVIOUS COMMUNITY SERVICE OR VOLUNTEER WORK: _____

TEL US WHAT YOU WANT US TO KNOW ABOUT YOU:

Attach a Letter of Recommendation. Application must be received by April 1, 2025

Mail to: Redding Newcomers, PO Box 494204, Redding, CA 96049-4204