

Scholarship Renewal Application

For the 2017-18 Academic Year

Greetings! We hope you have had a successful year so far and that your classes are going well. This form is in reference to your **Bowerman Rodeo Sportsmanship Scholarship** of The Oregon Community Foundation. This is a renewable scholarship dependent on you continuing to meet certain criteria. To confirm that you are eligible to receive the scholarship for another year, please submit the following documents by **April 15, 2017**:

1. **Scholarship renewal application form.**
2. **Copy of your current transcript.** An unofficial transcript is okay however we reserve the right to request an official transcript.

Name			
Mailing Address (Street, City, State, Zip)			
Home Phone		Cell Phone	
Email Address			
Date of Birth			
Gender (please select a check box)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female/Trans Woman <input type="checkbox"/> Trans Male/Trans Man <input type="checkbox"/> Non-binary/Gender queer/Gender non-conforming <input type="checkbox"/> Different identity: _____ <input type="checkbox"/> Choose Not to Say		
Ethnicity (please select a check box)	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multi-ethnic <input type="checkbox"/> Choose not to say		
Family Education History (please use a drop down box)	Highest school your father completed Choose an item.		Highest school your mother completed Choose an item.
College/University Name			
Mailing Address of College/University (Street, City, State, Zip)			
2017-18 Class Standing (freshman, sophomore, junior, senior, master's)		Expected Graduation Date (month year)	
Major		Current Cumulative GPA	
Career Field		College/University Student ID	
Academic Periods You Plan to Attend in 2017-18 (please select a check box)	Terms: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring OR Semesters: <input type="checkbox"/> Fall <input type="checkbox"/> Spring		
Student Signature			Date

Please return this form by April 15, 2017 via, **Email:** mchee@oregoncf.org **Fax:** 503.274.7771

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