



# Scholarship Renewal Application

## For the 2022-23 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, 2022**:

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.

<b>Name</b>			
<b>Mailing Address (Street, City, State, Zip)</b>			
<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Email Address</b>			
<b>Date of Birth</b>			
<b>Gender (please select a check box)</b>	<input type="checkbox"/> Female <span style="margin-left: 200px;"><input type="checkbox"/> Non-binary/Gender queer/Gender non-conforming</span> <input type="checkbox"/> Male <span style="margin-left: 150px;"><input type="checkbox"/> Different identity: _____</span> <input type="checkbox"/> Trans Female/Trans Woman <span style="margin-left: 100px;"><input type="checkbox"/> Choose Not to Say</span> <input type="checkbox"/> Trans Male/Trans Man		
<b>Ethnicity (please select a check box)</b>	Choose more than one, if applicable. <span style="margin-left: 100px;"><input type="checkbox"/> Black or African-American</span> <input type="checkbox"/> White <span style="margin-left: 150px;"><input type="checkbox"/> Native Hawaiian or Pacific Islander</span> <input type="checkbox"/> Hispanic <span style="margin-left: 150px;"><input type="checkbox"/> Other</span> <input type="checkbox"/> Asian <span style="margin-left: 150px;"><input type="checkbox"/> Choose Not to Say</span> <input type="checkbox"/> American Indian or Alaska Native		
<b>Family Education History (please use a drop down box)</b>	Highest school your father completed Choose an item.	Highest school your mother completed Choose an item.	
<b>College/University Name</b>			
<b>Mailing Address of College/University (Street, City, State, Zip)</b>			
<b>2021-22 Class Standing (freshman, sophomore, junior, senior, master's)</b>		<b>Expected Graduation Date (month year)</b>	
<b>Major</b>		<b>Current Cumulative GPA</b>	
<b>Career Field</b>		<b>College/University Student ID</b>	
<b>Academic Periods You Plan to Attend in 2020-21 (please select a check box)</b>	Terms: <input type="checkbox"/> Fall <span style="margin-left: 50px;">OR</span> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <span style="margin-left: 100px;">Semesters:</span> <input type="checkbox"/> Spring <input type="checkbox"/> Spring <span style="margin-left: 150px;"></span>		
<b>Student Signature</b>			<b>Date</b>

Please return this form by April 15, 2021 via, **Email:** [hpulsipher@oregoncf.org](mailto:hpulsipher@oregoncf.org) **Fax:** 503.274.7771  
**Mail:** The Oregon Community Foundation Attn: Harper Pulsipher 1221 SW Yamhill St. Ste. 100 Portland, OR 97205