

KATRINA J.KILLGORE MEMORIAL SCHOLARSHIP

APPLICATION FORM

Please fill in the following information completely. If you have any questions on any of the items, please email Dr. Linda Patton at lpatton@calpoly.edu. Attach additional sheets of paper if necessary.

ONLY FULL-TIME MATHEMATICS MAJORS WHO WERE ENROLLED DURING FALL 2017, WINTER 2018, AND SPRING 2018 AND WHO HAVE COMPLETED A MINIMUM OF 36 UNITS AND ONE MATH CLASS EACH QUARTER ARE ELIGIBLE FOR THIS SCHOLARSHIP.

***Please return this application to the Mathematics Department Office, 25-208,
by Tuesday January 15, 2019.***

Name _____ Cal Poly ID # _____

Address _____

_____ Email _____

Class Level _____ (Freshman=up to 45 units; Sophomore=45-89 units;
Junior=90-134 units; Senior=135 units and up.)

1. List your current overall Cal Poly GPA through and including Spring 2018: _____

2. List your GPA for

Fall 2017: _____

Winter 2018: _____

Spring 2018: _____

Note: Your Spring Quarter GPA should be better than your Fall and Winter GPA's in order to be competitive for this scholarship.

Please continue filling out the back of this form.

3. If you are a Freshman or Sophomore list your high school and community activities during high school (NOT activities at Cal Poly.) If you are a transfer student and 2017-2018 was your first year at Cal Poly, list your college and community activities from your previous college (NOT activities at Cal Poly). Attach additional pages if necessary.

If you are a Junior or Senior and started at Cal Poly before Fall 2017, leave this area blank.

4. What high school (name the high school and the town or city) did you attend?

CERTIFICATION: (1) I certify that all the information on this application is true, complete, and accurate to the best of my knowledge; (2) that I will be a full-time student registered for 12 or more units during the period of the award; and (3) that my scholarship money will be used for expenses related to my education.

I hereby authorize the Mathematics Department or the Financial Aid Office to release to the scholarship donor, if required, all necessary information relative to me, should I be considered for or receive the scholarship award.

Applicant's Signature _____ Date _____