



## Minerva Scholarship Application

### Application Cover Sheet

#### I. Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Age/position in school (senior or entering higher education): \_\_\_\_\_

Organizations or other group (i.e. a club) in which Applicant has shown leadership: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Ethnicity/Diversity/Demographics of Applicant \_\_\_\_\_

Is Applicant eligible for financial aid? \_\_\_\_\_

If no, Applicant's current income: \_\_\_\_\_

Please submit application electronically to:

[WomenInCALeadership@gmail.com](mailto:WomenInCALeadership@gmail.com)

WOMEN in CALIFORNIA LEADERSHIP

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