

California Scholarship Federation, Inc.

CSF Semester Membership Application

for Lynbrook High School, Chapter No. 818

Name _____
(Last) (First) (M.I.)

Address _____ City _____

Home phone (_____) _____ - _____ Email _____

Current grade level (circle one) 9 10 11 12 Shirt Size XS S M L XL
Do Not Select Size

A. To qualify for CSF membership this semester, follow these guidelines:

1. You must earn a *minimum of 10 points* from last semester's grades.
 - a. The first 4 points must be from LIST I (unless you are a senior applying for membership in February or June).
 - b. The first 7 points (including the four points described in a) must be from LISTS I and II.
 - c. The remaining points may come from any LIST (I, II or III).
2. You must use *no more than 5 courses* to qualify.
3. *No CSF points* are given for physical education, courses taken in lieu of physical education, subjects repeated to improve a grade, courses involving clerking and office/teaching assisting, and courses taken on a pass/fail basis.
4. CSF points are granted as follows:
 - a grade of A = 3 CSF points
 - a grade of B = 1 CSF point
 One additional point shall be granted for a grade of A or B in an AP, IB, or Honors course, up to a maximum of two such points per semester.
 - a grade of C = 0 CSF points
 - a grade of D or F in any course, even in one you cannot use to qualify, disqualifies you from membership at this time.

B. Also remember:

1. Semester membership is based on work done in the *previous* semester
2. You must reapply *each* semester.
3. Courses you may use are listed on the reverse side. They are divided into LISTS I, II, and III.

C. List the courses you are using to qualify in the proper location below. Consult the LISTS on the reverse side.

LIST I Course	Grade	Points	LIST II Courses	Grade	Points	LIST III Courses	Grade	Points

TOTAL POINTS from LIST I:
(must be at least 4, except for seniors applying in February or June) _____

TOTAL POINTS from _____ GRAND TOTAL of POINTS
LISTS I and II: (must be at least 7) from all LISTS: (must be at least 10)

- D. You must staple last semester's report card or transcript (or a photocopy of either) to this application form. Originals will be safely kept and may be claimed as soon as the membership lists have been posted.**

**CALIFORNIA SCHOLARSHIP FEDERATION
LYNBROOK HIGH SCHOOL 2022-2023**

LIST 1

English

Literature & Writing
Literature & Writing (EL)
World Literature
World Literature (EL)
American Lit/Writing
American Lit/Writing (EL)
AP English Lang & Comp
European Literature
European Literature (EL)
AP English Literature

Social Studies

World History
World History (EL)
U.S. History
U.S. History (EL)
AP U.S. History
U.S. Government
Economics
AP U.S. Government

Mathematics

Algebra 1
Geometry
Geometry Enriched
Algebra 2
Algebra 2/Trig
Math Analysis
Pre-Calculus H
AP Calculus AB
AP Calculus BC
AP Statistics
Multivariable Calculus
Linear Algebra

Science

Biology
AP Biology
Physiology
Chemistry
Chemistry H
AP Chemistry
Physics
Physics H
AP Physics C: Mechanics

World Language

Japanese 1, 2, 3
Japanese 4H
AP Japanese
Spanish 1, 2, 3
Spanish 4H
AP Spanish
Chinese 1, 2, 3
Chinese 4H
AP Chinese
French 1, 2, 3
French 4H
AP French

LIST 2

English

Journalism (Epic)

Business

Principles of Business
Computer Applications
Accounting 1 & 2
Econ & Virtual Enterprise

Computer Science

Java Programming
AP Computer Science
AP Computer Science
Principles

LIST 3

Music Department

Concert Choir
Advanced Treble Choir
Audition Treble Choir
Mens Choir
Concert Band
Symphonic Band
Wind Ensemble
Orchestra
Chamber Orchestra
Music Genesis

Drama

Drama
Drama (Advanced)
Drama H

Art

Art 1, 2, 3
3D Design 1, 2, 3
Studio Art
AP Studio Art 2D
Ceramics
Photography

Living Skills

Intro to Culinary Careers
Culinary Food Science

Non-departmental

Leadership
Yearbook (Valhalla)
Engage
Engage Tutor

LIST 4

Physical Education
Courses

**PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER,
AND MEDICAL AUTHORIZATION (Minor)**

**District-Sponsored Event
(Attendance Voluntary)**

_____ has my permission to go on the following **voluntary** field trip:
Student's Name _____

Destination: Lynbrook CSF

Date(s): 2022-2023 Departure Time: 2022 Return Time: 2023

Person in Charge: Lynbrook CSF

Health Needs: Initial and Complete as appropriate.

_____ My student has **NO** special health needs the staff should be aware of, and **NO** medication is required on the trip.

_____ My student has a special health need, _____ and the following medication should be given the person in charge along with written instructions from the student's attending physician:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in this activity.

I also understand and am fully aware that there may be periods of time during this activity in which my student has free time and is unsupervised, and that the District assumes no responsibility for the student's activities or behavior during this free time. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense and possible suspension or expulsion from school. It is further understood that the above-named student may travel by automobiles operated by District employees, adult volunteers, or other licensed drivers, including students.

As parents/guardians of the above named student, it is realized that field trips have certain risks involved and that reasonable attempts will be made to safeguard students and equipment, but that no amount of precaution taken by the instructors can ensure this safety if the student does not obey and cooperate and is unable to accept the responsibility for his/her own actions.

Parent/Guardian Signature _____ Date _____ Student Signature _____ Date _____

Address _____ Telephone _____ Date _____

Family Health Insurance Carrier _____ Policy Number _____

Address _____ City/State _____ Zip _____

MAIN LANGUAGE SPOKEN IN HOUSEHOLD: _____

EMERGENCY CONTACT: _____
Name and Telephone