

CSU SYSTEMWIDE SCHOLARSHIPS FOR 2015 -2016

APPLICANT INFORMATION

(Please type or print carefully in capital letters)

SCHOLARSHIP TITLE: _____

Name: _____ **Student Identification Number:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Mailing Address: **Current** **Permanent**

Telephone Number: _____ **Alt. Telephone Number:** _____

E-mail Address: _____

Campus you are attending in 2015 -2016 _____

Number of class units you anticipate taking:

first quarter/semester: _____ *second quarter/semester:* _____ *third quarter:* _____ *summer session:* _____

Major: _____ **Anticipated Graduation Date:** _____

Graduate Student GPA: _____ **Undergraduate Student GPA:** _____ **Cumulative GPA:** _____

ACCEPTANCE OF SCHOLARSHIP TERMS

I agree to adhere to all scholarship terms and guidelines as set forth by the California State University Foundation in the 2015 -2016 scholarship criterion which includes the requirement that I remain a student in good standing during the entire academic year.

I further agree to repay any scholarship funds as requested by the California State University Foundation on behalf of the scholarship fund donor in the event that I am unable to fulfill my academic commitment for any reason and to notify the Foundation in writing.

I further agree to have my name and personal achievements publicized in recognition of receiving a prestigious systemwide scholarship.

Scholarship Applicant

Signature

Date

For Financial Aid Office Completion:

Unmet Financial Need: _____ Cumulative GPA Verification: _____

Printed Name/Title: _____ / _____ Signature: _____

Financial Aid Office Contact Number: (_____) _____ - _____