

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: _____

CSU Campus currently enrolled in: _____

Number of class units you anticipate taking in academic year:

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

Major: _____ STEM Major? Yes No

Anticipated Graduation Date: _____

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

US Military Veteran: Yes No Currently Serving

Are you receiving any private scholarships? Yes No

ACCEPTANCE OF SCHOLARSHIP TERMS

By submitting this application, I certify that the information is complete and accurate. I understand that scholarships may be denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate. I understand that I must meet all award requirements at the time funds are distributed to me. I authorize the CSU to share my application with reviewers to complete the selection process. In the event that I am selected, I further authorize the CSU to publicize my selection and conduct research related to my future employment. I agree to adhere to all scholarship terms and guidelines as set forth by the California State University Foundation in the 2018- 2019 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.

Date