

**CSU SYSTEMWIDE SCHOLARSHIPS FOR 2018-2019
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 2018-2019: _____

Number of class units you anticipate taking:

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

Anticipated Graduation Date _____ **STEM Major?** **Yes** **No**

Major: _____

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 I understand that scholarships may be denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate.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.

Applicant Signature

Date