

SYSTEMMIDE SCHOLARSHIPS

APPLICANT INFORMATION 2022 - 2023

(Please type in capital letters)

SCHOLARSHIP TITLE:

Name:	Student Idenfication Num						
Current Address:							
City:		State:		Zip:			
Permanent Address:							
City:		State:		Zip:			
Preferred Mailing Adress:	Current	Permanent					
Telephone Number:	Alt. Telephone Number:						
Email address:							
Number of class units you anticipate taking in academic year							
first quarter/semester:	second quarter/seme	ster: third quarte		er: summe		er 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 I understand that scholarships may be denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate.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: