



333 S. Twin Oaks Valley Road, ADMIN 3400
San Marcos, CA 92096
Phone: 760-750-4ACE
Email: ace@csusm.edu

ACE Scholars Services Transfer Scholarship Application

Student Information:

First Name, Last Name:	Student ID:	Day Phone or Cell:
Mailing Address: Street Address, City, State, Zip		Campus Email or Personal Email:

Personal Statement:

Attach a personal statement, typed, up to 2 pages, that addresses the following:

1. Tell us about yourself and your educational and career goals.
2. How will CSUSM help you to achieve your goals?

Unofficial Transcript(s):

Attach unofficial transcripts from all community colleges attended.

Student Signature:

By signing this form I certify that all of the information provided is accurate. I understand that all eligibility criteria must be met to be considered for the ACE Transfer Scholarship and a review will take place each semester to determine continued eligibility.

Student Signature: _____ Date: _____

Email completed form, personal statement, and unofficial transcript(s) to ace@csusm.edu.

For Office Use Only

☐ Approved ☐ Denied

Reason Denied: _____

Reviewed by: _____ Date: _____