# Asian Faculty, Staff, and Student Association 2024 AFSSA Scholarship Application Form (Form A)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name (Last Name, First Name) |  | | | | |
| Coyote ID number |  | | | | |
| Phone number |  | | | | |
| student email address |  | | | | |
| current mailing address (street, city, state, zip code) |  | | | | |
| Degree program |  | | | | |
| current standing in the program | Freshman | Sophomore | Junior | Senior | Graduate |
| Major or concentration |  | | | | |
| Cumulative CSUSB GPA as of Winter 2023 |  | | | | |
| Expected date of graduation |  | | | | |

All forms can be found online at [https //www.csusb.edu/afssa/scholarship. All](https://www.csusb.edu/afssa/scholarship) materials should be submitted as email attachments to [afssascholar@csusb.edu](mailto:afssascholar@csusb.edu).

1. **PERSONAL ESSAY:** Submit your personal essay using the Essay Form (Form B).
2. **RECOMMENDATIONS:** List the names of people who will complete your Recommendation Forms for this Scholarship Award. Reminder; Applicants will be responsible for informing their recommenders about this application and requesting the recommenders to complete and submit the Recommendation Form in a timely manner (online submission directly to AFSSA).

Name of Recommender #1 (necessary): Recommender's Title/Position/Affiliation: Email: Phone: (if off-campus only) street address: City: State: ZIP code:

Name of Recommender #2 (optional): Recommender's Title/Position/Affiliation: Email: Phone: (if off-campus only) street address: City: State: ZIP code:

1. **UNOFFICIAL TRANSCRIPTS:** Submit a copy of your unofficial transcript of records as an email attachment together with this Application Form (go to your student account in MyCoyote to access your unofficial transcript.)

## AFSSA MEMBERSHIP:

Are you currently an active AFSSA member? Yes No



If you are not an active member, don't forget to submit an [AFSSA Membership Application](https://www.csusb.edu/sites/default/files/upload/file/AFSSA_Membership_Form.pdf) (including $5 membership fee) to Dr. Min-Lin Lo (email: [mlo@csusb.edu,](mailto:mlo@csusb.edu) Tel: (909) 537-5371, Office JB-318).

## Previous AFSSA Scholarship Award:

Were you a recipient of an AFSSA Scholarship Award in the past? Yes No If yes, which academic year?



(Note: Previous awardees are eligible to apply, but preference will be given to those who have not received the award previously.)

## Please indicate your agreement to the following terms by putting a checkmark before each of the following items and then electronically sign the application in the space provided below:

I give permission to the AFSSA Scholarship Committee to review my academic performance, student activities, and to verify any information included in this application form.

I will attend the AFSSA Spring Awards Banquet (To be arranged) or I will not be eligible to receive the scholarship award. (If selected, the AFSSA Scholarship Committee will notify awardees by March 30, 2024, using the email address provided by the student in this application.)

I certify that the information provided in this application is correct. My application will be rejected if there are any inconsistencies.

I certify that the person completing this form and the person applying for the scholarship are one and the same.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: Date:

# Application DEADLINE is SATURDAY, March 16, 2024, at 11:59 PM.

For questions, contact Dr. Phoebe Kim (email: [yeon.kim@csusb.edu](mailto:yeon.kim@csusb.edu) phone: (909) 537-3481, Office

HP-227). If inquiring by email (preferred), please write "AFSSA scholarship inquiry" in the subject line.