# Asian Faculty, Staff, and Student Association 2020 AFSSA Scholarship Application Form (Form A)

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| 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 program | Freshman | Sophomore | Junior | Senior | Graduate |
| Major or concentration |  |
| Cumulative CSUSB GPA as of Winter 2020 |  |
| 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.

1. **PERSONAL ESSAY:** Submit your personal essay using the Essay Form (Form B).
2. **TWO RECOMMENDATIONS:** List the names of the two persons 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: Recommender's Title/Position/Affiliation: Email: Phone: (if off-campus only) street address: City: State: ZIP code:

Name of Recommender #2: 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) and $5 (make out the check to AFSSA) to Dr. Min-Lin Lo (email: 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 check mark 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 on Tuesday May 12 from 4:00 to 7:00 PM or I will not be eligible to receive the scholarship award. (If selected, the AFSSA Scholarship Committee will notify awardees by Apr. 30, 20220 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.

SIGNATURE (Print Name): Date:

# Application DEADLINE is FRIDAY Apr. 3, 2020 at 11:59 PM.

For questions, contact Dr. Phoebe Kim (email: 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.