

**2017-2018 CSU SYSTEMWIDE SCHOLARSHIPS  
APPLICANT INFORMATION**

**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 2017-2018:** \_\_\_\_\_

**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**

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**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 I understand that scholarships may be denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate.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 2016-2017 scholarship criteria 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*