



Associated Students, CSUF, Inc.
Graduate Student Scholarship
Fall 2009 Student Application Cover Sheet



Amount: \$1000

Background Information: This scholarship was established in the spring of 2000 to recognize and acknowledge the special circumstances of the graduate student population of the CSUF student body.

Application Deadline: Applications must be submitted to the Associated Students Executive Offices, Titan Students Union 207, by 5:00 p.m. on Monday, October 19, 2009.

Interview Schedule: Interviews for the finalists will be on December 4, 2009. Finalists must be available.

Criteria include: Must be a continuing full-time CSUF graduate student; first semester students are not eligible / must have a minimum CSUF cumulative GPA of 3.0 / must have strong community and campus involvement and prospective post-graduate goals / financial need and scholastic achievement will be considered / must be a full-time student in the spring of 2010.

Further information: The applicant must complete the application, answer all five questions, and submit a typed essay that explains why his or her graduate program was selected and how the applicant plans to utilize his or her degree. The Associated Students, CSUF, Inc. Scholarship Selection Committee will select the recipient. This scholarship will be awarded over the intercession for utilization in spring 2010; and is funded by the Associated Students, CSUF, Inc. Scholarship Fund, which is supported by donations from Titan Shops Book Requisition Program. Associated Students, CSUF, Inc. is incorporated on behalf of the Cal State Fullerton student body.



Associated Students, CSUF, Inc.
 Graduate Student Scholarship
Fall 2009 Student Application Form



Please complete the following information. Please **type** your responses. Additional sheets may be attached.

I certify, to the best of my knowledge and ability, that the information provided below is true, correct and complete. The Associated Students, CSUF, Inc. has the right to verify all information provided. Providing misinformation may result in mandatory repayment of the scholarship and/or award.

 Signature

 Date

 Last Name

 First Name

 Middle Initial

 Street Address

 City

 State

 Zip Code

(____) _____
 Home Telephone Number

(____) _____
 Work Telephone Number

(____) _____
 Cell Number

 E-mail Address

Gender: (Circle One)

M

F

 CSUF Student I.D. Number

Major _____ Minor _____ Intended Graduation Date _____

Are you currently enrolled at California State University, Fullerton? (Circle one) Yes No

Do you plan to enroll in CSUF next semester? (Circle one) Yes, how many units? _____ No

Please **type** your responses to the following questions/statements on a separate sheet of paper, and attach them to this form.

- To which on-campus organizations do you belong? List names and dates of membership; names and dates of offices held; and names, dates, and the roles you performed in producing programs, projects and events for the organization.
- Please provide the information requested in question one for any involvement you have had, in the past three years, with off-campus organizations.
- List your personal and academic achievements.
- What is your financial situation, and how will this award help you?
- Do you currently receive financial aid? Have you applied for financial aid for next semester? (Please explain, briefly.)

Written Statement: Prepare essay of no more than 300 words *explaining why you chose your graduate program and how you plan to utilize your degree.*

**Return application to TSU-207 no later than 5:00 p.m. on October 19, 2009.
 Interviews for the finalists will be held December 4, 2009. Finalists must be available.**



California State University, Fullerton
Voluntary Authorization for Education Record Disclosure

University Policy

University policy prohibits the release of personally identifiable information for the educational records of students without their prior written authorization. Exceptions to this policy include: a) release of such information to a specified list of officials with a legitimate educational interest in the record, b) the release of such information in response to a court order, health or safety emergency, or approved research project, or c) the release of public directory information which has not been previously restricted by the students.

Associated Students, CSUF, Inc. Scholarship Applicants

I authorize Associated Students, CSUF, Inc. to access my academic transcript to verify my CSUF and overall grade point average, unit totals, and number of semesters at CSUF. I understand that this information will be obtained by the Dean of Students Office or the Office of the Vice President for Student Affairs, and released only to the President of Associated Students, CSUF, Inc., the Executive Vice President of Associated Students, CSUF, Inc., and the Director of the Dean of Students Office.

I understand the purpose of this disclosure is to ensure that I comply with the minimum academic requirements established by the Corporation's Scholarship Selection Committee By-Laws. I understand that this release will remain in effect for the duration of the scholarship selection process, unless I submit a written revocation of this authorization to the Dean of Students Office.

Signature

Date

Print Full Name (first, middle, last)

Student ID#