Amount: $1000

Background Information: This scholarship was established in the spring of 1996 to recognize Dr. Puzo for his contributions to Associated Students, Inc. and the students of Cal State Fullerton. His love for students and the material he taught made the students feel that Dr. Puzo was more a friend than a teacher. Dr. Puzo was active in ASI as the Academic Senate Representative, and it was with overwhelming response that the William D. Puzo Memorial Scholarship was created.

Application Deadline: Applications must be submitted to the ASI Executive Offices, Titan Student Union 207, by 5:00 p.m. on Monday, October 15, 2012.

Criteria include: must be a continuing full-time undergraduate, graduate, or credential program student; first-semester students are not eligible / must have a minimum CSUF cumulative GPA of 3.0 / must have campus and/or community involvement / achievements will be considered / must be a full-time student in the spring of 2013.

Further information: The applicant must complete the application, answer all four questions, and submit a typed essay about a teacher, professor, or mentor who inspired the applicant to pursue his or her higher education. The Associated Students, CSUF, Inc. Scholarship Selection Committee will select the recipient. This scholarship will be awarded over the intersession for utilization in spring 2013; 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.
Please complete the following information. Please print legibly. 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 __________

Primary Telephone Number ___________ Secondary Telephone Number ___________

E-mail Address __________________________

CSUF Student I.D. Number __________________________

Major ___________________________ Minor ___________________________ Intended Graduation Date __________________________

Year in College? (Circle one) Freshman Sophomore Junior Senior Graduate Credential

Are you currently enrolled at CSUF? (Circle one) Yes, how many units? ______ 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.

1. To which on-campus and/or off-campus organization(s) 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(s).

2. Briefly describe why you decided to become involved in your organization(s) and how your involvement has benefited you and the community members you serve.

3. List any personal or academic achievements.

4. Briefly state your future career and educational plans.

Written Statement: Prepare a typed essay of between 500-750 words about a teacher, professor, or mentor who inspired you to pursue your higher education.

Return application to TSU-207 no later than 5:00 p.m. on October 15, 2012. Applicants will be informed of their application standing by December 31, 2012.
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#