



2018-2019 Scholarships Application

These scholarships are limited to students attending California Northstate University. Immediate family members of the Northern California Education Foundation board members and executive officers are ineligible to apply. Winners are expected to be present at the awards ceremony to receive the award.

Please fill out the application using a word processor and submit the application electronically in one PDF file to GaryChuMD@gmail.com

Last Name	Middle Name	First Name
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_____ () _____

Student ID#	Cell Phone	Email Address
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Current Address	City	State	Zip Code
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Permanent Address	City	State	Zip Code
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Graduation Year _____ Current GPA or Honors _____

School of Pharmacy () School of Medicine () School of Health Science ()

School of Psychology () School of Dentistry () School of Nursing ()

Please check the category(s) which you are applying. You may apply to both categories

Financial Aid Award () Merit Award (Academic, Service, & Leadership) ()

Please scan all documents and combine into one PDF file. Email to GaryChuMd@gmail.com

Application deadline: 5:00 PM, February 1st, 2018

Files to include:

- Personal statement (one page)
- Passport quality photo
- Most recent CNU Academic Transcript
- Letter(s) of recommendation from faculty / advisors
- Supplemental Academic Merit Application (Merit application only)
- Supplemental Financial Aid Application (Financial Aid Application only)

Applicant Signature

Date



Supplemental Financial Aid Application (Financial Aid Application only)

1. Applicant must provide a copy of all financial documents (i.e. pay stubs, tax returns, etc) that support the applicant's financial need.
2. Include Student Aid Report (SAR) from Federal Department of Education if applicable.
3. List all other grants or scholarships, including dollar amount, received while attending CNU.

Section 1. Income:

Are you currently working? Yes ___ No ___ Hours per week _____

Please tell us about your job - title, duty, etc.

Personal Income:

Total monthly income \$ _____

Annual income \$ _____

Spouse / Partner

Total monthly income \$ _____

Annual income \$ _____

Total combined household

Total monthly income \$ _____

Annual income \$ _____

Investment Income

Total monthly income \$ _____

Annual income \$ _____

Supplemental Security Income (SSI) assistance or unemployment income

Total monthly income \$ _____

Annual income \$ _____

Other income (Parent / Family)

Annual income \$ _____

Total annual income \$ _____

Section 2. Financial Liability:

Please list each loan separately. Enter remaining balance only. Not total amount.

_____ Name of the loan	_____ Balance Remaining	_____ Annual Payment
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