



2019-2020 Scholarships Application

These scholarships are for financial assistance only and limited to students attending California Northstate University. The scholarships are directly credited to the recipient's California Northstate University tuition account. 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		
_____	() _____	_____		
Student ID#	Cell Phone	Email Address		
_____	_____	_____	_____	_____
Current Address	City	State	Zip Code	
_____	_____	_____	_____	
Permanent Address	City	State	Zip Code	
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 scan all documents and combine into one PDF file. Email to GaryChuMd@gmail.com
Application deadline: 5:00 PM, January 15 th 2020

- Files to include in the following order::
- Personal statement (one page)
 - Passport quality photo
 - Most recent CNU Academic Transcript
 - Letter(s) of recommendation from faculty / advisors
 - Supplemental Financial Aid Application

Applicant Signature

Date

Supplemental Financial Aid Application

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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