



2017 Scholarship Application

With the help of our generous donors, Northern California Education Foundation is excited to offer scholarships to current pharmacy, medical and allied health science students at California Northstate University. Two scholarship categories are available to students, Financial Need and Merit Based Awards. Immediate family members of the foundation are ineligible to apply.

PLEASE TYPE OR PRINT CLEARLY

| | | | |
|-----------------|----------------|---------------|----------------|
| Last Name | | Middle Name | First Name |
| Student ID # | () Cell Phone | Email address | |
| Present Address | | City | State Zip Code |

Which School are you currently enrolled at California Northstate University:

- School of Pharmacy
 School of Medicine
 School of Allied Health Science

Have you received any scholarships/grants/financial aid within the last 3 years? Yes No
If yes, please list on a separate sheet, the school attended, amount of award and the year received.

Your Expected graduation Date _____ Current GPA or Honors _____

Check the category(s) which you are applying (You may apply for both categories)

- Financial Need Merit Award (Academic, Service and Leadership)
Eligible students (2017, 2018, 2019, 2020) Eligible students (2017, 2018, 2019)

TO COMPLETE YOUR APPLICATION PROCESS, SCAN AND ATTACH ALL OF THE FOLLOWING DOCUMENTS AND EMAIL IN ONE PDF FILE TO:

dexterfongrxgrants@gmail.com with the subject heading "2017 scholarship application"

DEADLINE TO APPLY: 5:00 PM JANUARY 31, 2017
Late submissions or incomplete application will not be considered

- | | |
|--|----------------|
| . Supporting documentation for the categories you are applying for | _____ enclosed |
| . Copy of your most recent official academic transcript | _____ enclosed |
| . Supplemental information | _____ enclosed |

APPLICANT ACKNOWLEDGES THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE.

Applicant Signature _____ Date _____

Questions may be directed to Mr. Dexter Fong at dexterfongrxgrants@gmail.com

Interview of applicants will be at the discretion of the scholarship committees



SUPPLEMENTAL INFORMATION GUIDELINES

In the space provided below, all applicants are to provide detailed documentation to support their qualifications for each category.

Complete this section if applying for FINANCIAL NEED CATEGORY

1. Applicant **MUST** provide a photocopy of all financial documents (i.e. pay stubs, photocopies of financial documents) that support a need in this category.
2. Be **SPECIFIC** regarding how the information provided about the sources of support contributes to a current financial hardship (e.g., assistance with tuition, living expenses, etc).
3. If Federal Student Aid was applied for via Free Application for Federal Student Aid (FAFSA), please provide a copy of the Student Aid Report (SAR) received from the Federal Department of Education.
4. If other grants or scholarships were or will be received while a student at CNU, please provide dollar amount(s) awarded, time period covered, and how money is/will be distributed.

Financial Need Category (Eligibility in this category is limited to 2017, 2018, 2019, 2020 graduates)

Section 1. Sources of Financial Support:

| | |
|--|----------|
| A. Are you working? Yes <input type="checkbox"/> No <input type="checkbox"/> Hrs. per week _____ | |
| Is your job related to the Medical field? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe your job duties. _____ | |
| Your total monthly income | \$ _____ |
| Your yearly income | \$ _____ |
| Your loan debt service amount | \$ _____ |
| Spouse/partner total monthly income | \$ _____ |
| Spouse/partner yearly income | \$ _____ |
| Total combined household income monthly | \$ _____ |
| Total combined household income yearly | \$ _____ |
| B. Parents, relatives or spouse: Yes <input type="checkbox"/> No <input type="checkbox"/> (exclude loan amounts from family – see liability section) For example: room and board, transportation, etc. | |
| Monthly \$ _____ | |
| Yearly \$ _____ | |
| C. Awards, scholarships and grants: (indicate date and amount of award; provide documentation if available) Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Monthly \$ _____ | |
| Yearly \$ _____ | |

D. Investment Income (529 plan proceeds) - Yes No

If yes, must provide photocopy of amount, date of withdrawal, and remaining balance.

Monthly \$ _____

Yearly \$ _____

E. Supplemental Security Income (SSI) assistance or unemployment income - Yes No

If yes, must provide photocopy of current statement.

Monthly \$ _____

Yearly \$ _____

F. Employment Income Yes No

If yes, must provide photocopies of pay stubs and number of hours worked per month.

Monthly \$ _____

Yearly \$ _____

G. Other income Yes No

If yes, must provide photocopies of documents to support information provided

Monthly \$ _____

Yearly \$ _____

Total yearly income as supported by above documentation: \$ _____

Financial Need Category

Section 2. Financial Liability:

A. Current Loan(s) or Debts : Yes No

If yes, must provide photocopies of loan statements. Indicate loan amount, balance remaining, and monthly payment.

Loan amount \$ _____

Balance remaining \$ _____

Monthly payment \$ _____

B. Personal loans from family or friends: Yes No

If yes, must provide photocopy of loan amount, balance remaining, and monthly payment.

Loan amount \$ _____

Balance remaining \$ _____

Monthly payment \$ _____

C. Household expenses: Yes No

Examples: mortgage, rent, car loan, etc.

If yes, must provide photocopies of these amounts.

\$ _____

D. Other liabilities: Yes No

If yes, must provide documentation if available.

\$ _____

Total yearly debt amount as supported by above documentations. \$ _____

**Complete this section if you are applying for
MERIT AWARD (Academic, Service, Leadership) CATEGORY**

(Eligibility in this category is limited to 2017, 2018, and 2019 graduates)

1. Official or CNU seal stamped graduate level pharmacy academic transcripts.
2. Applicant must provide detailed documentation about other awards/recognition received while at CNU.
3. Work and other academic endeavors at CNU including but not limited to the following:

| |
|--|
| A. Research Assistant to Professor (s) |
| B. Teaching Assistant to Professors (s) i.e. Laboratory tech |
| C. Tutor to other students |
| D. Participant in National, State or Regional competitions |
| E. Leadership in Community Service Activity |
| F. CNU Student Body or Club Officer |