



2018 Scholarship Application

This scholarship(s) is limited to students attending California Northstate University, School of Pharmacy, School of Medicine and Allied Health Science College. Students may apply for two different scholarship categories, Financial Need and Merit based awards. Immediate family members of the Northern California Education 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
Your Expected graduation date _____	Current GPA or Honors _____		

Check the category(s) which you are applying.

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 of paper the school attended, amount of award and the year received.

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

A Financial Need () B. Merit Award (Academic, Service, & Leadership) ()

ATTACH ALL DOCUMENTS TO THIS APPLICATION AND SUBMIT TO:
 Dexter Fong, Executive Director, Northern California Education Foundation
 at
 CNU Financial Aid Office c/o Joanna Hansana, Financial Aid Officer

DEADLINE TO APPLY:
5:00 pm, February 15, 2018

- . Most recent CNU OFFICIAL Academic Transcript (copies not accepted) _____ enclosed
- . Supporting documentation for the categories for which you are applying _____ enclosed
- . Letter (s) of recommendation from school faculty/advisors _____ enclosed
- . Supplemental information found on Foundation website _____ enclosed
- . Personal statement letter and letter of support _____ 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

LATE SUBMISSIONS OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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 2018, 2019, 2020, 2021 graduates)

Section 1. Sources of Financial Support:

A. Are you working? Yes ___ No ___ Hrs. per week _____

Is your job related to the pharmacy field? Yes ___ No ___ 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 No
 (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 No

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 documentations: \$ _____

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 2018, 2019, 2020 2021 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