

OFFICE USE ONLY:

Date: \_\_\_\_\_

Award: \_\_\_\_\_

Agency: \_\_\_\_\_

CALIFORNIA STATE UNIVERSITY, LONG  
DEPARTMENT OF NURSING  
Scholarship Application

Instructions: 1) This form must be typed. 2) Complete all the information below. 3) Have your current instructor or your last semester's instructor complete the recommendation section. Return the completed application to the Nursing Office.

Date of filing \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_  
Last First MI

Ethnicity: Caucasian \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street Apt#

\_\_\_\_\_ Message: (\_\_\_\_) \_\_\_\_\_  
City State Zip

Dependants \_\_\_\_\_  
Name DOB

\_\_\_\_\_ DOB

Please list additional dependants on a separate sheet of paper.

Class in College \_\_\_\_\_ Other degrees \_\_\_\_\_

List Present Courses and  
# of units for each

List courses taken last Semester  
with # of units and grades

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year accepted to CSULB \_\_\_\_\_ Expected graduation date; \_\_\_\_\_

Are you on academic probation? Yes \_\_\_\_\_ No \_\_\_\_\_

Financial Status:

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of employer \_\_\_\_\_

Job Title \_\_\_\_\_ Length of employment \_\_\_\_\_

Hours/week \_\_\_\_\_ Monthly salary \$ \_\_\_\_\_

Previous work experience:

Employer \_\_\_\_\_ Length of employment: \_\_\_\_\_ Salary \$ \_\_\_\_\_

Employer \_\_\_\_\_ Length of employment: \_\_\_\_\_ Salary \$ \_\_\_\_\_

Monthly rent (your share) \$ \_\_\_\_\_ Outstanding debts \$ \_\_\_\_\_

Are you currently receiving financial assistance from parents, spouse, social security, financial aid, or other sources? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Will your parents claim you as a tax deduction during the year you are applying for assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received financial assistance in previous academic years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify

Type \_\_\_\_\_ Dates \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type \_\_\_\_\_ Dates \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type \_\_\_\_\_ Dates \_\_\_\_\_ Amount \$ \_\_\_\_\_



I \_\_\_\_\_ certify that all of the information on this form is accurate.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

CALIFORNIA STATE UNIVERSITY, LONG  
DEPARTMENT OF NURSING

The following section is to be completed by your current or last semester nursing instructor.

Student's Name \_\_\_\_\_

Faculty: Please complete and return application to the Chair, Student Affairs Committee.

Course Name and Number \_\_\_\_\_

Is student currently enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_

Academic Performance: Below average \_\_\_\_\_

Average \_\_\_\_\_

Above average \_\_\_\_\_

Outstanding \_\_\_\_\_

I would recommend this student: Not recommended \_\_\_\_\_

With recommendation \_\_\_\_\_

Recommended \_\_\_\_\_

Highly Recommended \_\_\_\_\_

If you have additional comments, please write them on the back side for this sheet.

Date: \_\_\_\_\_ Signature of Faculty: \_\_\_\_\_