

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

Name 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 _____

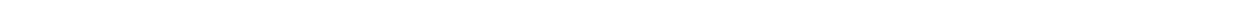
Have you received financial assistance in previous academic years? Yes _____ No _____

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

Residency Status: _____ U.S. Citizen

_____ Green Card

_____ Visa

CALIFORNIA STATE UNIVERSITY, LONG
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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: _____