

SCHOLARSHIP APPLICATION

In Recognition for Community Service and Leadership

Application Instructions (TYPE or PRINT IN BLACK INK):

Please complete the attached application form to apply for the CNUCOM Community Service and Leadership Scholarship. Complete all sections of the application. Leaving any area of the application unanswered will disqualify you from consideration. Your completed application must be sent to the Office of the Financial Aid no later than January 27, 2023, by 5 pm in a sealed envelope. Late applications will not be accepted.

Requirements:

The student must demonstrate community service involvement with regard to community health, access to health care, global health education and/or health care policy. This will be demonstrated through detailed narrative responses to questions aimed at identifying the following items: description of his/her community service participation within one of the above-mentioned areas, and how this experience contributes to his/her understanding of the role of the MD in today's society. The student must maintain good academic standing at CNUCOM to qualify for this scholarship. The award for this scholarship is \$500.00. Applications for this scholarship will be reviewed and the scholarship awarded to up to eight (8) CNUCOM students whose applications best fit the institution's criteria.

Winners will be recognized at the CNU Annual Awards Ceremony.

Disbursement of Scholarship:

Scholarship awards will be posted to the students' ledgers during the second week of Fall Semester once attendance has been verified. If the student is no longer enrolled or no longer attending at CNUCOM at the time the scholarship is to be posted to the students' ledgers, the fund will be returned to the scholarship pool to be used in the next scholarship cycle. The scholarship fund is strictly used to pay for tuition and fees only. It cannot be used for any other purposes.

We look forward to receiving your application.

Sincerely,

CNUCOM Financial Aid Team

1. PERSONAL INOFRIVIATION (Leg	ai name in iuii)		
Last Name:	First Name:	M. I	
Best Email:			
Current Address:	City	State:	Zip:
Telephone Number:	Cell Phone Numbe	r:	
Permanent Address:	City:	State:	Zip:
2. EDUCATION BACKGROUND			
Previous College or University:			
Major:	Minor:		
COMMUNITY SERVICE AND LEA	DEDCHID		
COMMUNITY SERVICE AND LEA	<u>DEKSHIP</u>		
	e describing any academic achieveme ake you deserving of this scholarship (•	
minimum of 1000 words).			
Please provide an unofficial transcri	pt from Registrar and two letters of re	ecommendation from vo	our former
·	sors. The letters should be sent directl	•	
on or before January 27, 2023, by 5	PM:		
	California Northstate Universi	ty	
	Attn: Financial Aid Office 9700 W. Taron Dr.		
	Elk Grove CA 95757		
I hereby affirm that all the above st	ated information provided by me to th	e California Northstate	University, College of
	out forgery. I also consent that my pic	ture may be used for a	ny purpose deemed
necessary to promote CNU Institution	on Scholarship.		
Signature of scholarship applicant: _		Date:	
Signature of Scholarship applicant.			

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