



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 29, 2021 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 INFORMATION (Legal name in full)

Last Name: _____ First Name: _____ M. I. _____

Best Email: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell Phone Number: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

2. EDUCATION BACKGROUND

Previous College or University: _____

Major: _____ Minor: _____

COMMUNITY SERVICE AND LEADERSHIP

1. Please provide a detailed narrative describing any academic achievements, community service activities, and example of leadership that make you deserving of this scholarship (**Essay must be typed with a minimum of 1000 words**).

Please provide an unofficial transcript from Registrar and two letters of recommendation from your former supervisors and/or non-CNU professors. The letters should be sent directly to Financial Aid Office at the address below on or before **January 29, 2021 by 5PM:**

**California Northstate University
Attn: Financial Aid Office
9700 W. Taron Dr.
Elk Grove CA 95757**

I hereby affirm that all the above stated information provided by me to the California Northstate University, College of Medicine is true, accurate, and without forgery. I also consent that my picture may be used for any purpose deemed necessary to promote CNU Institution Scholarship.

Signature of scholarship applicant: _____

Date: _____