



# SCHOLARSHIP APPLICATION

## Tuition Assistance

### **Application Instructions (TYPE or PRINT IN BLACK INK):**

Please complete the attached application form to apply for the CNUCOM Tuition Assistance. Complete all sections of the application. Leaving any area of the application unanswered will disqualify you from consideration. Your completed applications must be sent to the Office of the Financial Aid no later than **January 21, 2022, by 5 pm** in a sealed envelope. Late applications will not be accepted.

### **Requirements:**

The student must demonstrate low to no current income. This will be demonstrated through a short narrative essay regarding the student's inability to pay tuition and fees, along with current income documents (e.g. W2s, current pay stubs, income tax forms, social security benefit, etc.). The student must maintain good academic standing at CNUCOM to qualify for this scholarship. The award for this scholarship is **\$2,000.00**. Applications for this scholarship will be reviewed and awarded to up to eight (8) CNUCOM students whose applications best fit the institution's criteria.

Winner(s) will be recognized at the CNU Annual Awards Ceremony.

### **Disbursement of Scholarship:**

The 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 attending or no longer enrolled at CNUCOM at the time the scholarship is to be posted to the student's ledger, 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.

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: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. EDUCATION BACKGROUND**

Previous College or University: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**FINANCIAL NEED:**

Are you working? Yes  No  Hrs. per week \_\_\_\_\_ Monthly Income \_\_\_\_\_

(Please provide supporting documents such as paycheck stub, W2, current income tax return, unemployment benefit stub, social security benefit letter, etc...)

What is your occupation? \_\_\_\_\_ Employer Name: \_\_\_\_\_

YTD Loan debt amount \$ \_\_\_\_\_ (Please provide loan print out)

**ESSAY QUESTIONS:**

1. Please provide a detailed narrative why you need tuition assistance and how you are currently financing your education at CNUCOM. **(Essay must be typed with a minimum of 500 words.)**
  
2. How will this scholarship help you achieve your career goals? **(Essay must be typed with a minimum of 500 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 21, 2022, 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: \_\_\_\_\_