



Central Valley
COMMUNITY
FOUNDATION

Formerly the Fresno Regional Foundation

Scholarship Application for

CHSU
CALIFORNIA
HEALTH SCIENCES
UNIVERSITY

Academic Year 2017/2018

IMPORTANT!

To submit an application for scholarship, proceed in the following manner:

1. Download the application to your computer before you type in any information.
2. If you are using Mozilla Firefox you won't be able to type in any information using the browser so you **MUST** download the application to your computer.
3. Open the PDF form from your computer and type in the requested information into the application.
4. Save the completed application to your computer with a new name.
5. Print out the completed application, sign it, scan it and email as an attachment to scholarships@chsu.org. Make sure application is complete.

Incomplete applications will be discarded and not reviewed.

6. OR print out the completed application, sign it and mail it to:

California Health Sciences University

c/o Central Valley Community Foundation, CHSU Scholarship
Fund Selection Committee

120 N. Clovis Avenue
Clovis, CA 93612

California Health Sciences University Scholarship Fund Information

In order to be considered for a scholarship from the California Health Sciences University Fund you must have been offered and accepted admission for the 2017-2018 academic year at California Health Sciences University (CHSU).

Please read the requirement information carefully and completely.

The minimum grade point average for consideration of a scholarship is 2.7 based on a 4.0 system of grade point calculation.

Applicant Requirements

Please ensure you complete the required information in the application in its entirety. Applications with incomplete information may not be as favorably considered. This includes a well-written personal statement listing such information as background, what was learned from involvement in community service activities, undergraduate extracurricular activities and leadership experiences. This is also where you can place any explanation as to why any or all of these participatory experiences were limited, as well as how you have funded your undergraduate degree, including any student loan debt that you have incurred. This statement cannot exceed 500 words.

Make sure to complete the career goal statement that indicates why you would like to pursue pharmacy as a career, what your career goal is, and indicate the geographic location you anticipate practicing your pharmacy career. Do not exceed 500 words.

Ensure that you complete the financial information section with as much detailed information as possible to assist the committee in making their decision.

Notification of Awards

A selection committee appointed by the Central Valley Community Foundation meets on an as needed basis to consider applications. All applications and recommendations will be submitted to the Central Valley Community Foundation for final review and approval. You will be notified by email and/or by phone if selected. If you are not selected upon first review, your application **may** be held for consideration at future meetings of the selection committee.

All applicants and recipients must reapply annually for consideration of scholarships.

Name: _____
Last
First
Middle Initial

Current Address:

_____ *Number and Street* *Apt. Number*

_____ *City* *State* *Zip Code+4 Digit Postal Code*

County/State of Permanent Residence: _____

Phone Number: *Include area code* (_____) _____

E-Mail: _____

High School Attended: _____ *Name* *State*

List all current and previous Post-Secondary institutions attended beginning with most recent.

NAME OF INSTITUTION	LOCATION (CITY, STATE)	DEGREE/UNITS COMPLETED	DATES ATTENDED
1.			
2.			
3.			
4.			
5.			
6.			

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Extracurricular/Community/Volunteer/Professional Engagement Experiences

Organization/Club/Employer	Event/Role/Offices/Position(s) Held	Dates
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Personal Statement: Include background, and any other information that you want us to know (500 words or less). *Please attach separate document*

Career Goal: State your career goal - why pharmacy, and indicate geographic location of where you intend to practice (500 words or less). *Please attach separate document*

Financial Information:

Married? Yes No Number of Children: _____

Currently Employed: Full-time Part-time No

Current Monthly Income: \$_____

If married, does your spouse work: Full-time Part-time No

Current Monthly Income: \$_____

Will you continue to work while attending pharmacy school? Full-time Part-time No

Anticipated Monthly Income: \$_____

Do you own home rent other (live w/parents, other relatives, etc.)?

Do you currently receive or do you anticipate receiving any other assistance or support?

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Do you have a checking account? Yes No Current balance: \$ _____

Do you have a savings account? Yes No Current balance: \$ _____

Prior to attending CHSU, have you incurred any student loan debt? If so, indicate amount (include all types of student loans): Total amount borrowed \$ _____

Very Important!!

Please list any detailed information regarding your financial circumstances that might help the Committee make an informed decision regarding your financial need (income reduction, child-care, etc.):

Certification Statement

In order to be considered for a scholarship, acceptance of the following terms are required. Please check the box next to the following statement to signify your acceptance of these terms:

I understand that by submitting this scholarship application I am certifying the information provided is true to the best of my knowledge


Yes, I agree

I authorize Central Valley Community Foundation and/or California Health Sciences University to release my scholarship application, including financial aid information and all other information provided for the selection of scholarships to selection committees, donors, and appropriate foundation governing boards who will approve payment, other appropriate agencies or media if I am awarded a scholarship.

Yes, I agree

I understand that any award is subject to full-time enrollment at California Health Sciences University, that I must maintain good academic standing with a GPA of 2.7 or better and that I must indicate any changes in circumstances to the Office of Financial Aid.

Yes, I agree.

 _____ _____
Signature Date