



# **Continuing Student Need-Based Scholarship**

## **Application Instructions**

- All information must be complete for application to be considered and processed.
  - Read all instructions before answering the questions.
  - Incomplete applications will not be considered, nor returned to the applicant.
  - Only typed forms and documents are accepted.
  - Use N/A if requested information does not apply.
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1. Fill the “Continuing Students Need-Based Scholarship Application Form” (Next page). Sign and date the form. Note: As per instruction above, only typed and complete forms are considered.
  2. Write your “Letter of Introduction”. Explain in detail your need. Use this opportunity to tell us something that we cannot determine by looking at your grades, test scores, and transcripts. Let us know why you need the funds, and how it will contribute with your success at CNUCHS. Be clear and concise.

**PLEASE RETURN COMPLETED APPLICATION (Application Form + Letter of Introduction) VIA  
EMAIL TO: [chs.studentaffairs@cnsu.edu](mailto:chs.studentaffairs@cnsu.edu)**

Use the following subject line:

ATTN –CONTINUING STUDENTS NEED-BASED SCHOLARSHIP COMMITTEE

You may also send a hard copy to:

CNUCHS STUDENT AFFAIRS

ATTN CONTINUING STUDENTS NEED-BASED SCHOLARSHIP COMMITTEE

2920 Prospect Park Drive.

Rancho Cordova, CA 95670

For more information about the CNU College of Health Sciences Continuing Student Need-Based Scholarship, please contact [chs.studentffairs@cnsu.edu](mailto:chs.studentffairs@cnsu.edu) or you may call us at (916) 686-7418.



# **Continuing Student Need-Based Scholarship**

## **Application Form**

### **APPLICANT'S PERSONAL INFORMATION:**

Legal Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
CNSU Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### **ADDITIONAL INFORMATION:**

Current Cumulative GPA:  3.00 or above  Less than 3.0  
Are you in good academic and conduct standing?  Yes  No  
Have you attended at least 1 term at CNUCHS?  Yes  No  
Are you:  Undergraduate  PMPB  
Amount requested (from \$500.00 to \$3,000.00): \_\_\_\_\_

***Please note: All scholarship awards will be in the form of a tuition credit.***

I have read the instructions and certify that the above information provided in the application is true and correct to the best of my knowledge. I also declare that, as a student of the College of Health Sciences, I will abide by the academic, scholastic and social standards of the college.

A student found guilty of nondisclosure or misrepresentation in completing this application form will be subject to disciplinary action and/or loss of any scholarship(s).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Continuing Student Need-Based Scholarship

## Letter of Introduction

Legal Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date