



*Scholarship Application for*

**CHSU**  
CALIFORNIA  
HEALTH SCIENCES  
UNIVERSITY

# 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 first.
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 mail as an attachment along with your personal statement (*maximum 500 words*) to [scholarships@chsu.org](mailto:scholarships@chsu.org)
6. OR print out the completed application, sign it and mail it along with your personal statement to:

California Health Sciences University

c/o Fresno Regional Foundation, CHSU Scholarship  
Fund Selection Committee

120 N. Clovis Avenue  
Clovis, CA 93612

## **California Health Sciences University Scholarship Fund Information**

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In order to be considered for a scholarship from the California Health Sciences University Fund you must have already submitted an application for admission for the upcoming academic year or you must be a continuing, full-time student at California Health Sciences University (CHSU).

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

All applicants must submit a well-written personal statement including such information as background, involvement in community service activities, summary of undergraduate extracurricular activities including student organizations, and leadership experiences. You are also required to submit a career goal statement that indicates why you would like to pursue pharmacy as a career, what is your career goal, and where would you like to fulfill your goal. Both the personal statement and the career goal statement cannot exceed 500 words. You have the option of submitting a third statement which should be directed toward describing any hardships or circumstances that you believe qualify you for consideration of a scholarship based on financial need. This statement should also be limited to 500 words or less.

### **Notification of Awards/Applying for Future Years**

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A selection committee appointed by the Fresno Regional Foundation meets on a regular basis to consider applications. All applications and recommendations will be submitted to the Fresno Regional 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 will be returned for consideration at future meetings of the selection committee up until the beginning of the next academic year.

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

# California Health Sciences University Scholarship Fund

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: \_\_\_\_\_

List all current and previous institutions attended in chronological order.

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

**Personal Statement-Please attach (or upload) your personal statement as directed on page 3. Do not exceed 500 words.**

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**Career Goal:**

Please state your career goal below - what you hope to do with a degree from California Health Sciences University and where (if you know) you plan to seek work. Do not exceed 500 words.

**Financial Information:**

Marital Status: \_\_\_\_\_

Do you have dependent children?  Yes  No

Include number and ages \_\_\_\_\_

Total number of dependents (including yourself) living in your household \_\_\_\_\_

If married, does your spouse work?  Yes  No

If so, please note: Occupation \_\_\_\_\_ Net Monthly Salary \_\_\_\_\_

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Do you work?  Yes  No

If so, please note: Occupation \_\_\_\_\_ Net Monthly Salary\_\_\_\_\_

Please list any other financial resources (including federal/state financial aid of any kind, loans, parental support, other scholarships, sponsorships, etc.) that you anticipate receiving to help cover your educational costs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Optional Statement)** You may use the space below to describe any hardships or circumstances that you believe qualify you for consideration of a scholarship based on financial need. Do not exceed 500 words.

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## 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 statements 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 Fresno Regional 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.**

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Signature

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Date