



*Returning Student
Scholarship Application for*



Academic Year 2019/2020

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.edu. Make sure application is complete and both essays are included.

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

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 which must be maintained for the entire academic year and student cannot be on any academic monitoring/remediation at time of application review.

Please note: If you are currently receiving High Honors, Honors, Early Decision or Competing offer scholarship, you are not eligible.

Applicant Requirements

Please ensure that the required information in the application is complete in its entirety. Applications with incomplete information may not be as favorably considered. A complete application includes well written answers to all narrative questions and the financial information questions.

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 approved by the Central Valley Community Foundation. You will be notified by email if selected. If not selected upon initial review, your application MAY be held for future consideration.

Any award is not guaranteed for renewal and applicants must reapply annually for consideration for scholarships.

Student ID# _____ Class of _____

Please tell us where you intend to practice:

In Central California (Fresno, Tulare, Madera, Merced, Kings, Kern, Stanislaus, Tuolumne, Mariposa, San Joaquin Counties)

In California

Outside California

Please tell us what type of practice intend on participating in:

Community Pharmacy (CVS, Walgreen's, etc.)

Institutional Pharmacy (Hospital, Long-term Care, Prison, etc.)

Residency

Research

Academics

Extracurricular/Community/Volunteer/Professional Engagement/Experiences while at CHSU

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

Student ID# _____

Important Questions to Answer:

- How do you view your role in transforming pharmacy into a primary care profession? (500 words or less)
Please attach separate document and make sure to add student ID#
- Please tell us why you chose the geographic location where you intend on practicing. (500 words or less)
Please attach separate document and make sure to add student ID#

Financial Information:

Are you married? Yes No

Number of children (if applicable): _____

Currently employed: Full-time Part-time Not employed

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?

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

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

What is your student loan debt from all institutions? Please 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.):

Student ID# _____

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 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