CSUDH connects

LEO F. AND MARGARET B. CAIN EMERITUS FACULTY ASSOCIATION

Scholarship Application 2014-2015

APPLICATION DEADLINE: MARCH 14, 2015

1000 East Victoria Street • Carson, CA 90747 • Telephone (310) 243-3691
Visit the Financial Aid Office website for additional scholarship opportunities – CSUDH.EDU/FinancialAid
Leo F. and Margaret B. Cain-Emeritus Faculty Association Scholarship

Awarded to an outstanding CSUDH graduate or undergraduate student currently enrolled at CSUDH pursuing a degree in a public service field. This scholarship provides between $1,000 and $2,500 in financial assistance for the academic year.

REQUIREMENTS

• Demonstrate excellent academic performance (GPA of 3.0 or better is recommended)
• Have career commitments to teaching or academic research, educational administration, or other types of public service
• Financial need will be considered
• Preference is given to full-time graduate students although part-time students and undergraduates may be considered.

How To Apply

Along with the enclosed application, a completed application package must contain:

• Transcripts from all colleges attended (Unofficial transcripts from CSUDH are acceptable)
• Two letters of recommendation (preferably from prior teachers addressing your qualifications for the scholarship)
• A personal statement: A one-to-two page double spaced, typed personal statement addressing your achievements, academic potential, career goals, financial need (if any), community and/or school involvement, and any other pertinent information

A COMPLETE APPLICATION INCLUDES TRANSCRIPTS, LETTERS OF RECOMMENDATION AND A PERSONAL STATEMENT.

All documents must be submitted to:
CSUDH Emeritus Faculty Association
c/o Office of the President, WH 450
Cain Scholarship Committee
1000 E. Victoria Street
Carson, CA 90747

All scholarship information provided herein is based on data available at the time of printing and is subject to change without notice. Please visit CSUDH.EDU/Scholarships for scholarship updates.
PERSONAL INFORMATION

1. Student I.D. Number: __________________________________________

2. Date of Birth:   ___________________________________________

3. Name: _____________________________________________________________________________________________________________________

   (Last)    (First)   (Middle)

4. Permanent Address: ________________________________________________________________________________________________________

   (Street)    (City)   (Zip Code)

5. Telephone: _________________________________________________________________________________________________________________

   (Home, include area code)    (Cell, include area code)

6. Email address: _____________________________________________

7. Ethnicity (optional) ___________________________________________

8. California resident?    ❑ Yes    ❑ No
9. U.S. Citizen?    ❑ Yes    ❑ No
10. Are you the first generation of your family to attend college?    ❑ Yes    ❑ No
11. Expected class level in college during the 2013-2014 academic year:

    ❑ Freshman    ❑ Sophomore    ❑ Junior    ❑ Senior    ❑ Credential    ❑ Master's

12. Expected/declared major: ___________________________________________________________________________________________________

13. Anticipated career goal: _____________________________________________________________________________________________________

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I hereby give California State University, Dominguez Hills permission to share this information for the purpose of recruitment, public relations, and possible employment. I further certify that I will be enrolled in the required number of units for the academic year, and I will use any scholarship awarded toward expenses related to my attendance at CSU Dominguez Hills.

Signature: __________________________________________________________________________________ Date: _________________________

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