DR. LOIS W. CHI
Science Scholarship Application 2014-2015
APPLICATION DEADLINE: MARCH 14, 2014
Dr. Lois W. Chi Science Scholarship

Awarded to currently enrolled CSUDH undergraduate or graduate students pursuing a degree in biology, chemistry, or a related biomedical field. This scholarship provides between $1,000 and $2,500 in financial assistance for the academic year.

REQUIREMENTS

• Minimum GPA of 3.0
• Demonstrated need for financial assistance
• Must be pursuing a degree in biology, chemistry, or a closely related field in the biomedical sciences
• Currently enrolled at CSUDH
• Preference is given to full-time undergraduate students although part-time students and graduate students 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, 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
Chi 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: _________________________
DR. LOIS W. CHI

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