



VETERANS/DEPENDENTS SCHOLARSHIP

SLF 23 FEBRUARY 2009 S08

SCHOLARSHIP FOR ACADEMIC YEAR _____ SUBMISSION DEADLINE _____

SELECTION CRITERIA:

1. Applicant must be a U.S. Veteran or a Dependent of a U.S. Veteran
2. Applicant must be enrolled full time for the Academic Year of application
3. Applicant must be in good academic standing
4. Full time is 12.0 units per semester for Undergraduates and 8.0 Upper Division units per semester for Graduates
5. Applicant must have applied for financial aid and has financial need, as determined by the Student Financial Aid Office, SFSU
6. Applicant must have either demonstrated some measure of academic achievement, or can show potential for eventual academic progress by virtue of nonacademic accomplishments
7. Applicant must have completed the application process by the indicated deadline

APPLICATION PROCESS:

A. The application packet must consist of:

1. A completed and signed Veterans/Dependents Scholarship Application
2. **(Incoming SFSU students only)** An official academic transcript
3. Evidence of application for financial aid through the Student Financial Aid Office, SFSU

B. You may turn in applications to:

1. Sandi 415 338 2336, Veterans Certification, One Stop Student Services Counter, Station #3
2. Business Hours: M – F 9 – 12, 1 – 3
3. **If this station is closed**, ask one of the Registrar's Office personnel, at Counter Stations # 4, #5, or # 6, to put it in "**VETDROP**" for you

C. For more information and to check your application status, contact:

1. Renay 415 338 2567, Registrar's Office

PLEASE NOTE:

**** If you are selected to receive a Veterans/Dependents Scholarship, and you are also receiving Federal or State financial aid for the same Academic Year of application for this scholarship, understand that the scholarship will be coordinated with your other aid ****



VETERANS/DEPENDENTS SCHOLARSHIP APPLICATION

SLF 23 FEBRUARY 2009 S09

SCHOLARSHIP FOR ACADEMIC YEAR _____ SUBMISSION DEADLINE _____

COMPLETE IN INK

Today's Date _____

Your FULL Name _____ SFSU ID # _____

Your Address _____

City, State, Zip _____

Your Telephone Number _____

Will you maintain full-time enrollment for the full Academic Year? **YES** **NO**

Have you applied for Financial Aid for this Academic Year? **YES** **NO**

IF I AM SELECTED TO RECEIVE A VETERANS/DEPENDENT SCHOLARSHIP, AND I'M ALSO RECEIVING FEDERAL OR STATE FINANCIAL AID FOR THE ACADEMIC YEAR OF APPLICATION FOR THIS SCHOLARSHIP, I UNDERSTAND THAT THE SCHOLARSHIP WILL BE COORDINATED WITH MY OTHER AID.

(CIRCLE ONE) **DEPENDENT** **VETERAN** -- BRANCH OF SERVICE: _____

CLASS LEVEL: (CIRCLE ONE) FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

DEGREE: (CIRCLE ONE) BA BS BM MA MS MBA MSN MM CERTIFICATE CREDENTIAL

NAME OF MAJOR/PROGRAM _____ EXPECTED DATE OF GRADUATION/COMPLETION _____

In a brief narrative, please discuss your academic and career objectives. If you have been active in any school, community, or volunteer organizations, please list them. Please, list your academic achievements. Optional: You may also include any other information (personal, academic, or financial), that you would like to have considered with respect to your Scholarship Application (Use an additional sheet of paper, if necessary).

Student Signature _____

Date _____