Kinesiology Scholarships

Graduate Scholarships are available with awards ranging from $150 to $350 per academic year.

Primary Eligibility Criteria:
- Academic Performance.
- Professional Promise.
- Financial need.
- Service to the Department.
- Currently enrolled graduate students in Kinesiology who have completed 9 units of graduate, KIN prefix, lecture courses.

See the scholarship application form for additional eligibility details.

Ask your professor for an application or go to Gym 101.

Applications are due no later than Monday, 4/30/07 at Noon in Gym 101.
SFSU Department of Kinesiology Graduate Scholarship Application

Scholarship Applied for: ____________________________

Name: ____________________________ Social Security No.: ____________________________

Major: ____________________________ Major Program: ____________________________

Address: ____________________________

Street

__________________________

City State Zip

______________

Home Phone Cell/Voicemail Phone

Units enrolled for current semester: ______ Units enrolled for Fall Semester: ______

Total Units completed by the end of the Spring Semester: __________________________

Current Major GPA: ____________________________

Current Overall GPA: ____________________________

Advisors Signature: ____________________________

Additional Requirements:

1. Attach a statement, two pages maximum, about yourself and why you should be considered for the award.

2. Submit at least two (four maximum) letters of recommendation, one of which must be from a Kinesiology Department instructor (please use attached reference forms).

3. Submit an official copy of your transcript.

4. Please submit official documentation as an indicator of your financial need (i.e. a recent tax return). The type of information is the candidate’s choice, but if inadequate, the scholarship committee may ask for additional information.

Note: Incomplete application will not be considered.
Recommendation Form for SFSU Kinesiology Scholarship Application

Name of Applicant: ____________________________________________

Recommended by: ____________________________________________

Address: ___________________________________________________

________________________________________________________________

Phone: _______________________________________________________

How long have you known the applicant? __________________________

In what capacity have you known the applicant? ____________________

________________________________________________________________

Signature: ___________________________ Date: _____________________

Title/Position: ________________________________________________

Department: _________________________________________________
Name of Applicant: ____________________________________________

Recommended by: ____________________________________________

Please print

Address: ______________________________________________________

________________________________________________________________

Phone: _______________________________________________________

How long have known the applicant? ________________________________

In what capacity have you known the applicant? ______________________

________________________________________________________________

Signature: __________________________________ Date: ________________

Title/Position: _________________________________________________

Department: _________________________________________________