



SAN FRANCISCO
STATE UNIVERSITY

Department of Kinesiology

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
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Home Phone	Cell/Voicemail Phone
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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: _____
Please print

Address: _____

Phone: _____

How long have known the applicant? _____

In what capacity have you known the applicant? _____

Signature: _____ Date: _____

Title/Position: _____

Department: _____

Recommendation Form for SFSU Kinesiology Scholarship Application

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: _____