2026-2027 CSU Foundation Systemwide Scholarship Application

Scholarship Name: _____

Student Information

Name:_____   CIN:_____

Current Address:_____

City:_____   State:_____   Zip:_____

Telephone Number:_____ Alt Number:_____

Email Address:_____

Academic Information

Fall 2026 Units:_____   Spring 2027 Units:_____   Summer 2027 Units:_____

Major:_____   STEM Major: _____ Yes   _____ No

Anticipated Graduation Date:_____

Graduate Student: _____ Yes   _____ No   Undergraduate Student: _____ Yes   _____ No

Graduate Student GPA:_____   Undergraduate Student GPA:_____

Cumulative GPA:_____

Student Signature:_____   Date:_____