

# Freshman Scholarship Application

2009-10

Division of Undergraduate Studies

California State University, Bakersfield

11 EDUC

9001 Stockdale Highway - Bakersfield, CA 93311-1022

Telephone: (661) 654-3420 - FAX: (661) 654-6911

Deadline: April 1st



---

<hr/> <p>High School Attended</p>	<hr/> <p>G.P.A.</p>	<p><b><u>SAT</u></b></p> <hr/> <p>Critical Reading      Math</p>	<p><b><u>ACT</u></b></p> <hr/> <p>Composite Score</p>
<hr/> <p>Are you a first-generation college student?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p>			

---

## Personal Information

---

Last name	First name	Middle	CSUB ID (or SSN)	
Current mailing address	City	State	Zip	Phone number
Permanent mailing address	City	State	Zip	Phone number
E-mail address	Proposed Academic Field of Study		Number of Children in Family	

---

## Activities Information

### High School

Activities:

---

---

---

---

---

Special Recognition (Offices held, awards, etc.):

---

---

---

---

---

### Community

Activites (Church, civic, clubs, etc.):

---

---

---

---

---

