Scholarship Disclosure Form

Submit via: Confidential Document Submission Portal: https://www.csub.edu/finaid/upload

or Return to: California State University, Bakersfield

Office of Financial Aid & Scholarships

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9001 Stockdale Highway, Bakersfield, CA 93311-1022

Telephone: (661)654-3016 FAX: (661)654-6800 Web: http://www.csub.edu/financial-aid E-Mail: finaid@csub.edu



EGDEU

Student Name:		CSUB ld:
	(Please print)	
rivate scholarships that will be paid directly to the	student and used to cover educational co	acation. Therefore, the Federal Government requires that students disclose all sts for the academic year at this institution. Fing your cost of education for the 2023-24 academic year.
Scholarship Name	Amount \$	Donor/Organization
nce the Office of Financial Aid and Scholarships ha dernally awarded scholarship. A revised award no		o(s), the scholarship(s) will be included in your financial aid awards as an v scholarship notification or receipt of funds.
ote: the scholarship donor/organization requires certif	ication of enrollment prior to releasing yo	ur funds, please complete the <u>Enrollment Verification Request Form</u> .
	Certification &	Signature
Signing below certifies that all the reported info	mation is complete and correct.	WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.
Student Signature		Date