

Cincinnati Alumni Chapter of Central State University
Scholarship Application

Please Print

First Name: _____	Last Name: _____
Address: _____ _____	Telephone: _____
City: _____	E-mail: _____
State: _____	Student ID Number _____
Zip Code: _____	Date of Birth: _____

Classification at CSU: Freshman ___ Sophomore ___ Junior ___ Senior ___
Current Cumulative G.P.A. _____
Expected Graduation Date: _____
Activity/Activities at CSU: _____

I, _____ give Central State University permission to release my school records to the scholarship committee of CSU's Cincinnati Chapter.
Signature: _____
Date: _____

Essay

In the space provided, tell us the financial assistance you need and why you should be granted this award. Please keep in mind, money is awarded based on our availability of funds.

A large rectangular box with a black border, containing 25 horizontal lines for writing.