



SACRAMENTO STATE
Department of Civil Engineering

SCHOLARSHIP APPLICATION FORM

SCHOLARSHIP TITLE _____

APPLICATION DEADLINE: _____ SCHOLARSHIP AMOUNT: _____

NAME: _____ STUDENT ID: _____

MAILING ADDRESS, CITY, STATE, ZIP: _____

PHONE NUMBERS : PRIMARY: _____ SECONDARY: _____

PRIMARY E-MAIL ADDRESS: _____

YEAR IN COLLEGE: 1 2 3 4 MORE THAN 4

ARE YOU A TRANSFER STUDENT?: NO YES

CSUS GPA: _____ OVERALL GPA: _____

HOW DID YOU LEARN ABOUT THIS SCHOLARSHIP?

SCHOOL ACTIVITIES (ENGINEERING CLUBS, EXTRACURRICULAR ACTIVITIES):

WORK EXPERIENCE:

WHAT ARE YOUR FUTURE PLANS AND GOALS IN THE FIELD OF CIVIL ENGINEERING:?

WHY YOU SHOULD BE SELECTED FOR THIS SCHOLARSHIP?

APPLICANT'S SIGNATURE _____ DATE: _____

(Return this completed form to the Civil Engineering Department Office with your current resume.)