

Asian Faculty, Staff, and Student Association 2025 AFSSA Scholarship Application Form (Form A)

Full name (Last Name, First Name)					
Coyote ID number					
Phone number					
Student email address					
Current mailing address (street, city, state, zip code)					
Degree program					
Current standing in program	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate
Major or concentration					
Cumulative CSUSB GPA as of Fall 2024					
Expected date of graduation					

All forms can be found online at <https://www.csusb.edu/afssa/scholarship>. All materials should be submitted as email attachments to afssascholar@csusb.edu.

1. PERSONAL ESSAY: Submit your personal essay using the Essay Form (Form B).

2. RECOMMENDATIONS: List the names of people who will complete your Recommendation Forms for this Scholarship Award. Reminder: Applicants will be responsible for informing their recommenders about this application and requesting the recommenders to complete and submit the Recommendation Form in a timely manner (online submission directly to AFSSA).

Name of Recommender #1 (necessary): _____

Recommender's Title/Position/Affiliation: _____

Email: _____ Phone: _____

(if off-campus only) street address: _____

City: _____ State: _____ ZIP code: _____

Name of Recommender #2 (optional): _____

Recommender's Title/Position/Affiliation: _____

Email: _____ Phone: _____

(if off-campus only) street address: _____

City: _____ State: _____ ZIP code: _____

3. UNOFFICIAL TRANSCRIPTS: Submit a copy of your unofficial transcript of records as an email attachment together with this Application Form (go to your student account in [MyCoyote](#) to access your unofficial transcript).

4. AFSSA MEMBERSHIP:

Are you currently an active AFSSA member? Yes No

If you are not an active member, don't forget to submit an [AFSSA Membership Application](#) and \$5 membership fee to Dr. Shuryo Fujita (email: shuryo.fujita@csusb.edu, Office SB-209D or SB-209).

5. Previous AFSSA Scholarship Award:

Were you a recipient of an AFSSA Scholarship Award in the past? Yes No

If yes, which academic year? _____

(Note: Previous awardees are eligible to apply, but preference will be given to those who have not received the award previously.)

6. Please indicate your agreement to the following terms by putting a check mark before each of the following items and then electronically sign the application in the space provided below:

I give permission to the AFSSA Scholarship Committee to review my academic performance and student activities and to verify any information included in this application form.

I will attend the **AFSSA Spring Awards Banquet (May 1, 2025)**, or I will not be eligible to receive the scholarship award. (If selected, the AFSSA Scholarship Committee will notify awardees by **April 19, 2025**, using the email address provided by the student in this application.)

I certify that the information provided in this application is correct. My application will be rejected if there are any inconsistencies.

I certify that the person completing this form and the person applying for the scholarship are the same.

Print Name: _____

SIGNATURE: _____ Date: _____

Application DEADLINE is Saturday, April 5, 2025, at 11:59 PM.

For questions, contact Dr. Phoebe Kim (email: yeon.kim@csusb.edu phone: (310) 894-2572 (c), Office HP-227). If inquiring by email (preferred), please write "AFSSA scholarship inquiry" in the subject line.