Scholarship Disclosure Form

2024-2025

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



FSRF

Student Name: (Please print)		nt)	CSUB Id:		
Outside scholarships are considered a resour scholarships that will be paid directly to the Please identify all off-campus scholarships t	student and used to cover educat	ional costs for the acad	emic year at		
Scholarship Na	nme	Amount \$		Donor/Organization	
Once the Office of Financial Aid and Scholars awarded scholarship. A revised award notifion	-		-	(s) will be included in your financial aid awards as an externally sceipt of funds.	
Note: If the scholarship donor/organization require	s certification of enrollment prior	to releasing your funds	, please con	nplete the <u>Enrollment Verification Request Form</u> .	
		Certification & S	Signature		
Signing below certifies that all the reported information is complete and correct.				VARNING: If you purposely give false or misleading information you may be ined, be sentenced to jail, or both.	
Student Signature				Date	