

CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES

APPLICATION FOR AWARD

THE FOLLOWING APPLICATION SHOULD BE USED TO APPLY FOR THE AWARD LISTED BELOW:

NAME OF AWARD

Betty Lindeman and Robert N. Rosenthal Memorial Fund

AWARD DETAILS

Awards of available funds are given to graduate student applicants, with priority given to those in academic good standing making progress towards Masters Degree requirements. Undergraduate applications may be considered if funds are available. Eligible students will have been enrolled at Cal State East Bay for at least one year. Awards shall be in the form of scholarships of up to \$500, with the final amount awarded at the discretion of the department. Note that availability of awards is based on fund balance. The selection of students is to be based on both financial need and academic promise. **If you currently already have a financial aid award package, the receipt of this award may impact it.** Please contact the Financial Aid office for more information.

AWARD DISBURSEMENT

Disbursement is arranged for the awarded semester(s) within 7-10 days of an award decision. Failure to attend during an awarded semester will result in forfeiture of the award for that semester and subsequent semesters.

APPLICATION PROCEDURE

Complete application and submit to the Department Chair via the Department Administrative Support Coordinator.

AWARD NOTIFICATION AND DISBURSEMENT

Award notification will be provided by email, which will contain information on claiming your award. Scholarship award may be used only for registration, fees, books, professional memberships and professional conferences.

RESPONSIBILITIES OF SUCCESSFUL CANDIDATE

THANK THE DONOR! The letter should be addressed to “donor”.

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Application to the Betty Lindeman and Robert N. Rosenthal Fund

Applicant's Name _____ Net ID _____

Full Address: _____ GPA _____

Email: _____ Primary Phone _____

Current Status: Undergraduate Graduate Expected Graduation term: _____

Have you ever previously received department financial aid in the past 2 years? Yes No

If yes, please list which term and year received, name/type of award, and amount(s) below:

Please provide the amount(s) you are requesting below:

Fall year	\$	Spring year	\$	Summer year	\$
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APPLICATION STATEMENT: Please write a statement describing the reasons for which you are requesting a scholarship from the Rosenthal Memorial Fund. The Fund disperses grants based solely on financial need and academic promise. Please provide information about your financial need and how this award would impact your academic goals/plans in the application statement.

I give the SLHS Department at California State University, East Bay permission to release this grant application information to other university offices. I certify that the information provided herein is accurate. I understand that the University has the right to verify all information provided and that providing incorrect information may result in mandatory repayment of the grant.

Signature: _____ Date: _____

Awarded \$ _____ Denied _____

Department Chair

Date

Comments: _____