

Cleveland State University School of Nursing  
Community Health Worker Financial Assistance Application

**Deadline for submission: Friday, January 4, 2019**

General Scholarship Eligibility Requirements:

- Must be enrolled in the Community Health Worker program at CSU.
- Must be a US citizen or an eligible non-citizen as defined by the US Department of Education.

Social Security Number# \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip (required) \_\_\_\_\_

Phone Number\_(\_\_\_\_)\_\_\_\_\_

Email \_\_\_\_\_

- I am a US citizen       I am not a US citizen, but am an eligible non-citizen
- I can provide proof of income upon request.

**On the back of this page, please type or write a one page description of how your past achievements, present study plans, and future goals support your reasons for pursuing a position as a Community Health Worker.**

**Applications must have an essay to be considered complete.**

*My signature below certifies that the information I have provided on and attached to this application is correct and complete. I understand that if at any time any of the information provided is found to be false, it is possible that any scholarship funds I have received based on this information, will be rescinded possibly creating a balance due to Cleveland State University that I will be responsible for paying. In addition I do hereby consent to the release of information concerning my academic and financial status to CSU scholarship donors.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed applications and essays to:

[cenursing@csuohio.edu](mailto:cenursing@csuohio.edu)

or

Fax (216) 687-3556