



*fill in all required fields

STEP

1 Contact Information

Full Name:*

Student ID:*

Email:*

Student Year:*

Student Major:*

Scholarship Awarded:*

Donor/Fund Contact:

Dear <<Donor/Fund Contact>>,

[Empty text box for Step 2 instructions]

[Empty text box for Step 3 instructions]

[Empty text box for Step 4 instructions]

STEP

2 Personal Information*

Please use this section to introduce yourself and share some information about yourself like where you are from, what degree you are pursuing at CSUB, what you hope do with that education, or anything else you'd like to share with our donors.

STEP

3 CSUB Experience*

Please use this section to describe your experience at CSUB and what an education at CSUB means to you.

STEP

4 A Brief Thanks*

Please use this section to express what this award has meant to you and to express thanks to the people who made these funds possible.

STEP

5 Click on "GO TO PAGE 2" to PRINT actual letter and SIGN it!

STEP

6 DELIVER/MAIL to Office of Financial Aid

Print letter on page 2 and deliver to the Office of Financial Aid. If you have any questions please contact the Office of University Advancement at ua@csub.edu or (661) 654-2136.



c/o CSUB Foundation
Mail Stop: 19 AW
9001 Stockdale Highway
Bakersfield, California 93311-1022

Dear