



# SOUTH BAYLO UNIVERSITY ALUMNI ASSOCIATION

2727 West 6th Street, Los Angeles, CA 90057  
www.SBUAA.org / president@sbuaa.org

## SOUTH BAYLO UNIVERSITY ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

NAME:	SBU ENTERING DATE:
ADDRESS:	
PHONE:	EMAIL:
REASON FOR APPLYING:	
SIGNATURE: _____	
DATE: _____	

### QUALIFICATION

- FULL TIME COMPLETION OF MINIMUM TWO (2) QUARTERS AT SBU
- ACTIVELY INVOLVED IN THE STUDENTS' MUTUAL BENEFIT
- GENUINE NEEDS FOR SCHOLARSHIP
- A RECOMMENDATION LETTER FROM SBU FACULTY, ACADEMIC STAFF AND/OR STUDENT COUNCIL

### METHODS

- FREQUENCY AND TIME OF SCHOLARSHIP AWARDED: ONCE A YEAR AT THE YEAR-END CEREMONY
- NUMBER OF SCHOLARSHIP AWARDED: TWO (2)
- SCHOLARSHIP AMOUNT: MINIMUM \$500 OR EQUIVALENT VALUE PER PERSON
- PROCEDURE: APPLICATION SUBMITTED TO [PRESIDENT@SBUAA.ORG](mailto:president@sbuaa.org) BY 20 DAYS PRIOR TO YEAR-END CEREMONY AND NOTIFIED 10 DAYS PRIOR TO THE AWARD DAY

SBUAA BOARD DETERMINATION: RECOMMENDED _____ DENIED _____
SIGNATURE: _____ DATE: _____
SECRETARY