

**California Foundation for Excellence (CaFFE)
In Podiatric Medicine Scholarship
Application**

Scholarship Deadline: 5 pm, August 29, 2011

Criteria to be used for scholarship consideration include:

A student will be considered for a CaFFE scholarship if all of the following requirements are met:

1. Has submitted a complete CaFFE Scholarship Application to the Financial Aid Office by 5 p.m., August 29, 2011
2. Is in the second, third, or fourth year class
3. Has a GPA of at least 2.8 as of the end of the last reporting period, which is the end of the Spring 2011 term
4. Has participated in community service
5. Has participated in non-classroom podiatric professional activities
6. Has demonstrated financial need, as determined by the financial aid office

Application Instructions:

- ✓ All pages of the CaFFE Scholarship Application must be either typed or written neatly in dark ink.
- ✓ The CaFFE Application must be received by the Financial Aid Office by the Deadline of **5 p.m., August 29, 2011. Late applications will NOT be considered for the scholarship. There will be no exceptions.**
- ✓ Applications can be submitted by:
 - Faxing it to the Financial Aid Office at (510) 869-1529; **or**
 - Submitting it in person to the Financial Aid Office; **or**
 - Mailing the application with a postmark prior to 8/29/2011
Financial Aid Office, 3100 Telegraph Avenue, Suite 1110, Oakland, CA 94609.
- ✓ All pages must be complete for an application to be considered.

How many scholarships will be awarded?

For the 2011/2012 Award year, \$42,000 in scholarships will be awarded in \$1000 to \$3000 increments.

2011-2012 Scholarships

Robert M. Barnes, DPM

Heather Barton, JD

Robert Brennan, DPM

CSPM Alumni and Associates

Theodore H. Clarke, DPM

CCPM Class of '72

Codingline

John E. Green, DPM

Jon Hultman, DPM/Franklin Kase, DPM

Earl G. Kaplan, DPM

Burgess Kelly, DPM

Blaines Labs, Inc.

Shirley Lanham

Dr. Ben Mullens

Joseph Oloff, DPM

John D. Pagliano, DPM

Pro-Lab

George Riess, DPM

Merton Root, DPM

Robert L. Rutherford, DPM

John H. Weed, DPM

Ruth Wood, DPM

Ben Zier, MD

Is there a limit to the number of CaFFE Scholarships I can receive?

A student is normally awarded one CaFFE Scholarship each academic year. Scholarship funds are credited to the students' account.

What is my obligation as a CaFFE Scholarship recipient?

Each recipient is required to write a thank you letter to the donor before the business office will credit CaFFE Scholarship funds to his/her students' account.

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This application and supporting documents must be completed and returned to the Financial Aid Office by **5 pm, August 29, 2011**. The Financial Aid Office must also have your 2011/2012 FAFSA results on file by the deadline.

1. Name of application (Last, First, Middle Initial)

2. ID# P0000_____
3. Local Address_____
4. Local Phone #: Home_____ Cell_____
5. Citizenship: US Citizen_____ Eligible Non-Citizen_____ Other_____
6. Gender: Male_____ Female_____
7. Marital Status: Single_____ Married_____ Separated_____
8. What is your cumulative grade point average at CSPM at SMU: _____
9. How many dependent children do you support? _____
10. List the ages of your dependent children. _____
11. Has either parent attended University? Yes_____ No_____
12. Have any of your siblings attended University? Yes_____ No_____
13. Are you currently receiving financial aid? Yes_____ No_____
14. If yes, what is the amount awarded in loan funds? \$_____
15. What is your TOTAL student loan debt? \$_____
16. What is your expected graduation date? _____
17. Have you received any scholarships this year? Yes_____ No_____
18. If yes, what is the total amount awarded? \$_____
19. Are you currently employed? Yes_____ No_____
20. If yes, where/what department? _____

In the space provided below or on a separate sheet attached to this application, please write a brief statement (75-100 words) of your volunteer (non-paid) community involvement during the past 12 months.

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In the space provided below or on a separate sheet attached to this application, please write a statement (100 words or less) of non-classroom activities representing the podiatric profession during the past 12 months.

Please give a brief explanation of how receiving CaFFE scholarship assistance will makes a difference in your educational or personal circumstance.

Student Certification:

I certify that the information I have provided is accurate. I authorize the Financial Aid Office and the Registrar to provide the requested information regarding my financial need and grade point average. If I am awarded this scholarship, I authorize the California School of Podiatric Medicine at Samuel Merritt University to credit this scholarship to my account, and to publish my name and scholarship information.

Signature of Application

Date

For Financial Aid Use Only:	FAFSA on File [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Official GPA:	NEED: EFC:
Total Scholarships Award:	Total Loan Debt:
Approved for Scholarship: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Name of Scholarship:
Comments:	
Date Processed:	