



Scholarship Application Form

In order to provide you with the best scholarship possible, please complete this form in its entirety. When completed, please print and mail or hand-deliver this document to the Office of Financial Aid at 1325 N. College Ave., Claremont, CA 91711.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Current Degree Program:* _____

Religious Affiliation (if any):* _____

Gender:* _____ Race/Ethnicity:* _____

Physical Disability:* _____

Are you a Church Musician?* _____

Are you interested in pursuing ministry?* _____

Any other considerations?* _____

**Scholarships are awarded in accordance with the express wishes of the generous donors to our schools. These categories are common scholarship criteria identified by the Scholarship Committee from gift documents.*

Signature: _____ Date: _____

This document must be filled out completely, printed and signed before it is returned to the Office of Financial Aid. If you have questions, please call: (909)447-2554 or email: cstfinaid@cst.edu. Please note: electronic submissions of this form are NOT valid.