## **Scholarship Disclosure Form**

2025-2026

Submit via: Confidential Document Submission Portal: <a href="https://www.csub.edu/finaid/upload">https://www.csub.edu/finaid/upload</a>

or Return to: California State University, Bakersfield

Office of Financial Aid & Scholarships

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9001 Stockdale Highway, Bakersfield, CA 93311-1022

Telephone: (661)654-3016 FAX: (661)654-6800 Web: <a href="http://www.csub.edu/financial-aid">http://www.csub.edu/financial-aid</a> E-Mail: <a href="mailto:finaid@csub.edu">finaid@csub.edu</a>



FSRFC

Student Name:		CSUB Id:	
	(Please print)		
tside scholarships are considered a resource to a student nolarships that will be paid directly to the student and uscase identify all off-campus scholarships that you will DIR	ed to cover educational costs for the acade		
Scholarship Name	Amount \$	Donor/Organization	
·			
arded scholarship. A revised award notification will be se te:	ent to you with each new scholarship notifi	ccholarship(s) will be included in your financial aid awards as an externally cation or receipt of funds.  please complete the Enrollment Verification Request Form.	
	Certification & S.	ignature	
Signing below certifies that all the reported information is complete and correct.		WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.	
Student Signature		Date	