

**JAMES BOSCO**  
**MINORITY INCENTIVE GRADUATE SCHOLARSHIP**

**APPLICATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Classification:

Senior                       Conditionally Classified Graduate                       Classified Graduate

GPA: \_\_\_\_\_

% of time enrolled in CSUS: \_\_\_\_\_

Please attach the following information to this form:

- A one-page letter describing your education and career goals and your status as an underrepresented minority with the Kinesiology and Health Science program.
- One copy of your transcript or complete CSUS grade report form.

Please return to:

Department of Kinesiology and Health Science  
Solano Hall 3002  
California State University, Sacramento

If you have any questions, please call Dr. Parker at 278-6902.