Renaissance Society Member Scholarship Application

Background: Finances should <u>not</u> be a barrier to lifelong learning. So, on December 9, 2019, the Renaissance Society (RS) Board of Directors approved a Member Scholarship Program. The program provides current and prospective members of our community, who demonstrate a financial need and a commitment to lifelong learning, the opportunity to participate. The member scholarship program waives annual and midyear membership dues for a limited number of applicants for the current academic year. Qualified members can apply each year that they have an identified need. Payments will be internal accounting transfers. No cash will be disbursed directly to individuals. There will be no retroactive reimbursements for previous semesters. The Board is committed to removing membership barriers that keep new and existing members from joining due to their socioeconomic status.

<u>Process</u>: Interested parties will complete a Member Scholarship Application including a 500 word or less narrative explaining in detail the applicant's need for a scholarship. The application process will be advertised on The Recorder newsletter, the RS website, and via Constant Contact email messages. Applications may be downloaded from the RS website, or picked up at the RS office.

Applications may be submitted *Electronically* at <u>renaissa@csus.edu</u> or **By mail** at The Renaissance Society, CSUS 6000 J St., Mail Stop 6074, Sacramento, CA 95819-6074 or **Delivered in person** to the RS Office in the Reynen & Bardis Building, 350 University Ave. Suite 108, Sacramento, CA 95826.

Applications will be reviewed for completeness and meeting the identified financial need. **Questions,** please contact Deanna Hanson, RS Membership, Diversity, and Community Engagement (MDCE) Committee chairperson at deannahanson@gmail.com or 916-296-4131.

Please compete the following information:

Name:		
Mailing Address – Street:	City:	Zip code:
Email Address:		
Telephone Number:	Current member: RS #:	
Emergency Contact Name:	EC Phone#:	

IMPORTANT – Please answer the following question	ns
What is your ethnicity? African American	3. Year of birth:
Asian American Hispanic/Chicanx/Latinx Native American	4. Do you want your name, email, and phone number listed in the Membership Directory?
Other/Multi-racial Pacific Islander	Yes No
White Decline to state	Do you need a new name badge for or campus activities? Yes No
2. What is your gender?	
Male Female Non-binary Decline to state	6. Preferred name for badge:
Narrative: Please write a brief narrative (500 words or I and some information about your financial need. Providapplication.	
Signed:	Date: