## 2024 CCCSFAAA CONFERENCE SCHOLARSHIP

## California Community Colleges Student Financial Aid Administrators Association Application

PERSONAL INFO: (Please print)		int) School	School ID Number		
Name:					
Street Address:					
City:		State		Zip:	
Phone: ()_		Email	<u> </u>		
Which commun	ity college are	you attending Spring 20	24?		
Educational Pro	ogram:	Transfe	Associate Deg	ree Certifica	te
Career objectiv	e(s):				
Current number	·	oring 2024 enrollme <u>nt:</u>			
	sheet of paper, Special circun Educational a Why you have	submit a statement expl nstances and/or unusual nd career goals e chosen these goals ty involvement or leaders	hardship	may have had.	
All Statemei double-spac		idacy must be type e paper.	d or electronical	ly completed a	nd
PERMISSION S	STATEMENT:				
		arship, do you give CCC ndidacy for publicity purp		use the informatio	n from your
Yes	No	Photograph/P	icture attached		
Student Signatu	ure:		Date:		
Please return to	):				
	APPLIC	ATION DEADLINE	IS:		