

**2019 CCCSFAAA STUDENT SCHOLARSHIP**  
California Community Colleges Student Financial Aid Administrators Association  
**Application**

PERSONAL INFO: *(Please print)*

School ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which community college are you attending Spring 2019? \_\_\_\_\_

Educational Program: \_\_\_\_\_ Transfer  Associate Degree  Certificate

Career objective(s): \_\_\_\_\_

Current number of units for Spring 18 enrollment: \_\_\_\_\_

**STATEMENT OF CANDIDACY:**

On a separate sheet of paper, submit a statement explaining your:

- o An special circumstances and/or unusual hardship;
- o Your educational and career goals;
- o Why you have chosen these goals and;
- o Any community involvement or leadership roles which you may have had.

**All Statements of Candidacy must be typed or electronically completed and double-spaced on white paper (2 page maximum, 12 pt font).**

**PERMISSION STATEMENT:**

If you are selected for a scholarship, do you give CCCSFAAA permission to use the information from your application or statement of candidacy for publicity purposes?

Yes \_\_\_\_\_ No \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

**APPLICATION DEADLINE IS: \_\_\_\_\_**