2025 CCCSFAAA CONFERENCE SCHOLARSHIP

California Community Colleges Student Financial Aid Administrators Association **Application**

PERSONAL INFO: (Please print) School ID Number G00					
Name:					
Street Address:					
City:	State:		Zip:		
Phone: ()	Email:				
Which community colleg	e are you attending Spring	2025?		· · · · · · · · · · · · · · · · · · ·	
Educational Program: _		Transfer Associate Degree Certificate			
Career objective(s):					
STATEMENT OF CAND On a separate sheet of position of the separate sheet of position of the separate sheet of position of the separate sheet of positions are sheet of positions and separate sheet of positions are sheet of positions and separate sheet of positions are sheet of positions are sheet of positions and separate sheet of positions are sheet of po	caper, submit a statement of circumstances and/or unustances and/or unustances and/or unustantal control and career goals u have chosen these goals nmunity involvement or lead	explaining your: sual hardship dership roles wh	nich you may have h	nad.	
PERMISSION STATEM	ENT:				
	scholarship, do you give C of candidacy for publicity p		nission to use the inf	formation from your	
Yes	No		Photograph/Picture attached		
Student Signature:		D	Date:		
Please return to:	Financial Aid (alley College Office Bldg. 1 Aten Rd.			
		CA 92251			

APPLICATION DEADLINE IS: Monday, January 13, 2025, by 5:00 pm