

**2016-2017 CCCSFAAA STUDENT SCHOLARSHIP APPLICATION**  
California Community Colleges Student Financial Aid Administrators Association

**PERSONAL INFO: (Please print)** School ID Number \_\_\_\_\_

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Which community college are you attending in Spring 2017?** \_\_\_\_\_

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

**Career Objective(s)** \_\_\_\_\_

**Current Number of units for Spring 2017 enrollment:** \_\_\_\_\_

**STATEMENT OF CANDIDACY:**

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

- Any special circumstances and/or unusual hardship;
- Your educational and career goals;
- Why you have chosen these goals; and
- 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.**

**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 \_\_\_\_\_ Photograph/Picture Attached  
(not a requirement to apply) \_\_\_\_\_

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

**Submit your completed application w/statement attached to:**

**Application deadline is:** \_\_\_\_\_