2019 CCCSFAAA STUDENT SCHOLARSHIP

California Community Colleges Student Financial Aid Administrators Association Application

PERSONAL INFO : (Please pri	nt) School ID Number:
Name:	
Street Address:	
City:	State: Zip:
Phone: ()	Email:
Which community college are y	ou attending Spring 2019?
Educational Program:	Transfer Associate Degree Certificate
Career objective(s):	
Current number of units for Spr	ing 19 enrollment:
 Your education Why you have Any community All Statements of Candid	cumstances and/or unusual hardship; hal and career goals; chosen these goals; and y involvement or leadership roles which you may have had. clacy must be typed or electronically completed and paper (2 page maximum, 12 pt font).
PERMISSION STATEMENT:	
If you are selected for a schola application or statement of can	rship, do you give CCCSFAAA permission to use the information from your didacy for publicity purposes?
Yes No	
Student Signature:	Date:
Please return to:	Financial Aid & Scholarship Office E1-135 East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754

APPLICATION DEADLINE IS: March 22, 2019