2018 CCCSFAAA STUDENT SCHOLARSHIP

California Community Colleges Student Financial Aid Administrators Association Application

PERSONAL INFO: (Please)	print)	int) School ID Number		
Name:				
Street Address:				
City:		State:	Zip:	
Phone: ()		Email:		
Which community college ar	e you attending Sp	ring 2018?		
Educational Program:		Transfer Associate Degree Certificate		
Career objective(s):				
 Educational Why you ha Any commu All Statements of Can double-spaced on whith the permission statement. If you are selected for a school	CY: er, submit a statement umstances and/or use and career goals we chosen these goinity involvement or didacy must be ite paper. : colarship, do you giv	ent explaining your unusual hardship pals leadership roles v e typed or elec	r: vhich you may have ha r tronically comple	d. ted and
application or statement of c				
Yes No	Photog	graph/Picture attac	ched	
Student Signature:			Date:	
Please return to:		Taft Collego id & Scholarsh 29 Cougar Co Taft, CA 932	ips Department urt	
APPLICATION I	DEADLINE IS:_	Janua	ry 4, 2018	

Rev. 10/30/17