## 2023 CCCSFAAA CONFERENCE SCHOLARSHIP

California Community Colleges Student Financial Aid Administrators Association

Application

PERSONAL INFO: (Please pri	nt) School ID Number	<u>-                                      </u>
Name:		
Street Address:		
City:	State:	Zip:
Phone: ( )	Email:	
Which community college are y	you attending Spring 23?	
Educational Program:	Transfer Associ	ate Degree Certificate
Career objective(s):		
Current number of units for Spi	ring 23 enrollment:	
<ul> <li>Special circum</li> <li>Educational ar</li> <li>Why you have</li> <li>Any communit</li> </ul>	submit a statement explaining your: nstances and/or unusual hardship nd career goals chosen these goals y involvement or leadership roles whi dacy must be typed or electro	
PERMISSION STATEMENT:		
If you are selected for a schola application or statement of can		ission to use the information from your
Yes No	Photograph/Picture attache	ed
Student Signature:	Da	ate:
Please return to:	Taft College Financial Aid & 29 Cougar Cour Taft, CA 93268 661-763-7762	-t
APPLICATION	DEADLINE IS: April 28, 20	23