

**California Community Colleges Student Financial Aid Administrators  
Association  
2024 CCCSFAAA SCHOLARSHIP Application**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Which community college are you attending in Spring 2024? \_\_\_\_\_

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

Career objective(s): \_\_\_\_\_

Current number of units for Spring 2024 enrollment: \_\_\_\_\_

**STATEMENT OF CANDIDACY**

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

- Special circumstances and/or unusual hardships
- Educational and career goals
- Why you have chosen these goals
- Any community involvement or leadership roles which you may have had
- Are you a Former Foster Youth? Yes: \_\_\_\_ No: \_\_\_\_\_

**Your Statement 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 \_\_\_\_\_

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

Please return to:

**APPLICATION DEADLINE IS: April 12, 2024**