2018 CCCSFAAA STUDENT SCHOLARSHIP

California Community Colleges Student Financial Aid Administrators Association **Application**

PERSONAL INFO: (Please	print) School ID N	School ID Number	
Name:			
Street Address:			
City:	State:	Zip:	
Phone: ()	Email:		
Which community college a	re you attending Spring 2018?		
Educational Program:	Transfer	Associate Degree	Certificate
Career objective(s):			
Current number of units for	Spring 18 enrollment:		
 Special circ Educational Why you ha Any communication 	er, submit a statement explaining yumstances and/or unusual hardshand career goals are chosen these goals unity involvement or leadership role didacy must be typed or e	nip les which you may have had	
PERMISSION STATEMENT	<u>-</u> :		
	olarship, do you give CCCSFAAA candidacy for publicity purposes?	permission to use the infor	mation from your
Yes No	Photograph/Picture a	attached	
Student Signature:		Date:	
Please return to:	Foothill Financial Aid Office Building 8100 12345 El Monte Road Los Altos Hills, CA 94022 Fax: 650-949-7405 Email: fhfinancialaidoffice		

APPLICATION DEADLINE IS: January 4, 2018

Rev. 10/30/17