

**2016-2017 CCCSFAAA STUDENT SCHOLARSHIP APPLICATION**  
California Community Colleges Student Financial Aid Administrators Association

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

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which community college are you attending in Spring 2017? \_\_\_\_\_

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

Career Objective(s) \_\_\_\_\_  
\_\_\_\_\_

Current Number of units for Spring 2017 enrollment: \_\_\_\_\_

**STATEMENT OF CANDIDACY:**

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

- Any special circumstances and/or unusual hardship;
- Your educational and career goals;
- Why you have chosen these goals; and
- Any community involvement or leadership roles which you may have had.

**All Statements 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  
(not a requirement to apply) \_\_\_\_\_

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

Submit your completed application w/statement attached to:

Solano Community College  
Financial Aid Office, Room 425  
4000 Suisun Valley Rd.  
Fairfield, CA 94534

Application deadline is: **February 1, 2017**