

2019 CCCSFAAA STUDENT SCHOLARSHIP
California Community Colleges Student Financial Aid Administrators Association
Application

PERSONAL INFO: *(Please print)*

School ID Number: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Which community college are you attending Spring 2019? _____

Educational Program: _____ Transfer Associate Degree Certificate

Career objective(s): _____

Current number of units for Spring 19 enrollment: _____

STATEMENT OF CANDIDACY:

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

- o Any special circumstances and/or unusual hardship;
- o Your educational and career goals;
- o Why you have chosen these goals; and
- o 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 (2 page maximum, 12 pt font).

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 _____

Student Signature: _____ Date: _____

Please return to:

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

APPLICATION DEADLINE IS: Friday, April 5, 2019 at 1:00 PM