## 2019 CCCSFAAA STUDENT SCHOLARSHIP

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

PERSONAL INFO: (Please)	orint) School ID Number	School ID Number:	
Name:			
Street Address:			
City:	State:	Zip:	
Phone: ( )	Email:		
Which community college are	e you attending Spring 2019?		
Educational Program:	Transfer	Associate Degree Certificate	
Career objective(s):			
STATEMENT OF CANDIDA On a separate sheet of pape	CY: r, submit a statement explaining: circumstances and/or unusual hardshi ional and career goals; ve chosen these goals; and nity involvement or leadership roles where the experience of the experience of the paper (2 page maximum, 12 pure colorship, do you give CCCSFAAA pernolation.	hich you may have had.  tronically completed and	
Yes No	andidacy for publicity purposes?		
Student Signature:		Date:	
Please return to:	Monterey Peninsula College Student Financial Service 980 Fremont Stree Monterey, CA 939 Attention: Deanna G Office Hours: Monday-Thursday ( Friday 08:00am-02:0	es Office et 940 Galdo 08:00am-05:30pm	

APPLICATION DEADLINE IS: April 10, 2019 (COB)