California Community Colleges Student Financial Aid Administrators Association

2020 CCCSFAAA SCHOLARSHIP Application

PERSONAL INFO: (Please p	RSONAL INFO: (Please print) School ID Number		
Name:			
Street Address:			
City:	State:	Zip:	
Phone: ()	Email:		
Which community college are	you attending in Spring 2020?		
Educational Program:	Transfer Assoc	ciate Degree Certificate	
Career objective(s):			
Current number of units for Sp	ring 2020 oprollment:		
STATEMENT OF CANDI	_		
	submit a statement explaining your:		
•	nstances and/or unusual hardships nd career goals		
	chosen these goals		
	ty involvement or leadership roles wh	ich you may have had	
Your Statement of Candouble-spaced on white	lidacy must be typed or elect paper.	tronically completed and	
PERMISSION STATEME	:NT:		
	arship, do you give CCCSFAAA perm	ission to use the information from your	
Yes No	Photograph/Picture attach	ed	
Student Signature:	D	ate:	
Please return to:			
	Monterey Peninsula College		
	Student Financial Services Of	ent Financial Services Office	
	980 Fremont Street		
	Monterey, CA 93940		

APPLICATION DEADLINE IS: April 1, 2020 @ 5:30pm COB