2025 CCCSFAAA CONFERENCE SCHOLARSHIP

California Community Colleges Student Financial Aid Administrators Association

Application

PERSONAL INFO: (Ple	ase print)	School ID Number	
Name:			
Street Address:	City:	State:	Zip:
Phone: ()		Email:	
Which community colle	ge are you attending	g Spring 2025?	
Educational Program: _		_ Transfer Associate D	egree Certificate
Career objective(s):			
Current number of units	s for Spring 2025 en	rollment:	
EducatWhy yoAny co	paper, submit a stall circumstances and ional and career good have chosen thes mmunity involvemer	/or unusual hardship als	
PERMISSION STATEM	ENT:		
If you are selected for a application or statemen			to use the information from your
Yes No	Ph	otograph/Picture attached	
Student Signature:		Date:	
Please return to:	Fullerton Financia	Abarca College 1 APS Office apman Ave , CA 92832	

APPLICATION DEADLINE IS: January 13, 2025