

**California Community Colleges Student Financial Aid Administrators
Association
2024 CCCSFAAA SCHOLARSHIP Application**

PERSONAL INFO: *(Please print)*

School ID Number _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Which community college are you attending in Spring 2024? _____

Educational Program: _____ Transfer Associate Degree Certificate

Career objective(s): _____

Current number of units for Spring 2024 enrollment: _____

STATEMENT OF CANDIDACY

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

- Special circumstances and/or unusual hardships
- Educational and career goals
- Why you have chosen these goals
- Any community involvement or leadership roles which you may have had
- Are you a Former Foster Youth? Yes: _____ No: _____

Your Statement 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 _____

Student Signature: _____ Date: _____

College of the Canyons
Financial Aid Office
26455 Rockwell Canyon Road
Santa Clarita, CA 91355

Please return to:

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APPLICATION DEADLINE IS: March 15, 2024