2025 CCCSFAAA CONFERENCE SCHOLARSHIP

California Community Colleges Student Financial Aid Administrators Association Application

PERSONAL INFO: (Please	print) Scho	ool ID Number	
Name:			
Street Address:			
City:	State	:: Zip:	
Phone: ()	Emai	l:	
Which community college a	re you attending Spring 20	25?	
Educational Program:	Transfe	r Associate Degree	Certificate
Career objective(s):			
STATEMENT OF CANDIDA On a separate sheet of paper Special circ	ACY: er, submit a statement exp rumstances and/or unusua		
 Why you ha 	l and career goals ave chosen these goals unity involvement or leader	ship roles which you may have	had.
All Statements of Can double-spaced on wh		d or electronically comp	eleted and
PERMISSION STATEMEN	Γ:		
If you are selected for a sch application or statement of o		SFAAA permission to use the in poses?	nformation from your
Yes No	Photograph/F	Picture attached	
Student Signature:		Date:	
Please return to:	In Person: Student the Welcome Center	Financial Services located in Building	
	Email: studentfinan	acialservices@mvc.edu	
APPL	ICATION DEADLINE	IS: <u>January 6, 2025</u>	

Rev. 8/2012