

CAPPS Scholarship Application: 2010

Dear Scholarship Applicant

Please complete the following information along with a written essay (no more than two pages) on what your academic achievements have been and what your financial needs are in regards to finishing your education and becoming a successful graduate of the Private Postsecondary Institution that you are attending.

Once you have completed this application please turn it into your Campus Director. All applicants will be notified of the results the last week in September.

Name: _____

Social Security Number: _____ Date of Birth: _____

Attending Institution: Name _____

Location/Address: _____

Current Personal Mailing Address: _____

Email Address: _____

Contact Phone Number: Institution: _____ Personal: _____

Name of Campus President/Director: _____

I am residing in California attending a CAPPS Member Institution: ___ Yes ___ No

I am enrolled in an Allied Health Program or Beauty Program: ___ Yes ___ No

Name of Program Enrolled in (all applicants):

Contact Information on Letter of Recommendation:

Name: _____ Phone Number: _____ Email: _____

I swear that the information and statements provided by me are true.

Applicant's signature _____ Date: _____

If under 18, Parents Signature: _____ Date: _____