

## 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: \_\_\_\_\_