SCHOLARSHIP APPLICATION

ABOUT THE JCCASAC SCHOLARSHIP:
Student must be a graduate during the current year; nominee must be enrolled in higher education or training program prior to release of the scholarship funds. An Application consists of this form plus three letters. Each student must attach a one page letter of introduction that demonstrates financial need and includes a description of future academic plans and career goals. A one page letter of recommendation from an administrator and a one page letter of recommendation from a teacher are also required. Both should speak to the student’s character, need and determination. Eight (8) scholarships will be given out annually, 4 from Northern counties and 4 from Southern counties, each for $500. Each county is permitted to put forth a maximum of two candidates/applicants for a total of four candidates a year.
Applications are due January 14 and March 18.

NOTIFICATION:
Committee will review applications and notices will be mailed out to the selected students no later than January 29 and May 22.

PLEASE MAIL OR EMAIL PROOF OF ENROLLMENT AND COMPLETED APPLICATION TO:
John Rice, JCCASAC Treasurer, 400 Encinal St., Santa Cruz, CA 95060. jrice@santacruzcoe.org

STUDENT DATA

Name: ________________________________ Please PRINT in ink or TYPE
Permanent address: ____________________________ City/State/Zip:________________________
Telephone Number: ____________________________ Date of Birth: _______________________
Parent/Guardian: ____________________________ Telephone Number: ______________________

SCHOOL DATA

Juvenile Court/Community School Attended: ____________________________ GPA: ______ Date of Graduation: ______
Name of Program Administrator: ____________________________ Telephone Number: ____________________________
School Address: ____________________________ City/State/Zip: ____________________________
Name of College/Trade School Attending: ____________________________ Address/City/State/Zip: ____________________________
Telephone Number: ____________________________
Date of Enrollment: ____________________________ Number of Enrolled Credits: 3 6 9 12 15 18
(Circle One)

School Program Administrator ____________________________ Date ____________________________
JCCASAC Scholarship Committee Rep.: ____________________________ Date ____________________________

Federal ID#: 680-13-2885 (FOR JCCASAC BOARD USE ONLY)