



CALIFORNIA COMMUNITY FOUNDATION

STUDENT SCHOLARSHIP ACCEPTANCE FORM

SCHOLARSHIP: \_\_\_\_\_ FUND CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ AWARD AMOUNT: \_\_\_\_\_

Please mail all correspondence to my:  Permanent Address  School Address

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Second Telephone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dorm/School Apartment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID Number (requirement) \_\_\_\_\_ OR Last four digits of SSN XXX – XX – \_\_\_\_\_

My College/University is on a: (check one)  Quarter System  Semester System  Other \_\_\_\_\_

Enrollment Date: (Term, Year) \_\_\_\_\_ Expected Graduation Date: (Term, Year) \_\_\_\_\_

I would like my scholarship award to be paid to: (check one)  Financial Aid Office  College Bookstore
(Please confirm with your College or University that a bookstore account in your name can be opened with your scholarship award. If not, your award will automatically go to your Financial Aid Office. All scholarships CANNOT be made payable to individuals.)

Scholarship Payment Information (please verify mailing address with the Financial Aid Office or Bookstore):

College/University Name: \_\_\_\_\_

Bookstore (only if award is to be sent to the bookstore): \_\_\_\_\_

Make check payable to (if different from College/University or Bookstore name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please check if applicable before submitting form:

I confirmed with my campus bookstore that an account in my name can be opened with my scholarship award. (Check only if you choose to have your award go to your campus bookstore.)

Student Agreement
I, \_\_\_\_\_, accept my scholarship for the 2007/2008 school year. I understand that this award is intended to supplement other financial aid assistance and it is only to be used for tuition, books and other expenses related to my university/college education. It is my responsibility to ensure the foundation has my current address on file. I authorize the California Community Foundation (CCF) to share the information below with the college/university listed, and in turn I authorize the college/university to release requested information to CCF.
Date: \_\_\_\_\_ Student Name (please print): \_\_\_\_\_
Student (if at least 18 years old) or Parent/Guardian Signature: \_\_\_\_\_

Mail or Fax completed form to:
California Community Foundation Scholarship Program
445 S. Figueroa Street, Suite 3400 Los Angeles, CA 90071
Fax (213) 622-2979

PLEASE READ FAQ BEFORE CONTACTING STAFF WITH QUESTIONS