



# APPLICATION FORM

Application Period: January 6<sup>th</sup> – April 4<sup>th</sup>, 2025

*Please Print*

TODAY'S DATE:

LAST NAME		FIRST NAME			
HOME ADDRESS					
HOME or CELL PHONE		US CITIZEN		YES	NO
		US LEGAL RESIDENT		YES	NO
BIRTHDATE		ELIGIBLE FOR DREAM ACT		YES	NO
		GENDER	M	F	OTH
EMAIL ADDRESS					
NAME OF CURRENT HIGH SCHOOL & ADDRESS					

PROPOSED COLLEGE OF ATTENDANCE (Please check one)			
<input type="checkbox"/>	East Los Angeles College	<input type="checkbox"/>	Los Angeles Trade-Tech College
<input type="checkbox"/>	Fullerton College	<input type="checkbox"/>	Pasadena City College
<input type="checkbox"/>	Long Beach City College	<input type="checkbox"/>	Rio Hondo College
<input type="checkbox"/>	Los Angeles Southwest College	<input type="checkbox"/>	Mount San Antonio College
<input type="checkbox"/>	OTHER- Please fill out college name below:		
<input type="checkbox"/>		<input type="checkbox"/>	

**PARENT'S NAME** (Mother/Father or both or Guardian)

**APPLICANT'S SIGNATURE** (I certify that all the information provided on this form is accurate.)

Please send the official application form, letter of application, resume, transcript, Financial Aid reward letter (details reflected in **Required Application Documents** on Page 3) to:

Dorothy Chau, CFCF Scholarship Fund Administrator

Email: [cfcfscholarship@gmail.com](mailto:cfcfscholarship@gmail.com) OR

Mail: P.O. Box 2365, La Habra, CA 90632



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## Additional Required Information

Please fill out:

<b>Program of Study</b>	
<b>Intended Educational and Career Goals</b>	
<b>Academic Achievements (Any area)</b>	
<b>Relevant Experiences and Accomplishments in or out of School</b>	
<b>Highest Educational Level for:</b> <ul style="list-style-type: none"><li>• Parents</li><li>• Siblings</li></ul>	
<b>Financial Needs</b>	