

**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION
CHAPTER #210**

Chaffey Joint Union High School District

DEPENDENT CHILD OF CSEA MEMBER SCHOLARSHIP AWARD GUIDELINES

NAME _____ TELEPHONE (____) _____

ADDRESS _____
Street City Zip

DATE OF BIRTH _____ HIGH SCHOOL NOW ATTENDING _____

LIST YOUR SCHOOL ACTIVITIES, HONORS, AWARDS, ETC.

LIST OUTSIDE ACTIVITIES (include music study, church participation, hobbies, special talents, community service, etc.)

WHAT IS YOUR INTENDED FIELD OF STUDY AND WHY YOU ARE PURSUING THIS FIELD?

WHAT DOES CONTINUING YOUR EDUCATION MEAN TO YOU?

Applicants Signature _____ Date _____

This section is to be completed by parent or legal guardian who is a CSEA member in good standing (dues paying member).

Name of Parent or Legal Guardian _____

Home address _____

Home phone _____ **Work phone** _____

Work Site _____ **Job Classification** _____

Parent or legal guardian signature _____ **Date** _____