



California Financial Crimes Investigators Association

SCHOLARSHIP APPLICATION

PART ONE - APPLICANT INFORMATION

(Please type or print clearly)

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ SSN #: _____

Currently Attending: _____ Graduation Date: _____

Age: _____ Date of Birth: _____

PART TWO - COLLEGE, UNIVERSITY OR VOCATIONAL SCHOOL

Accepted Applying (please attach complete list) Attending

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date you plan to start: _____ Course of Study: _____

What degree/objective will you be pursuing: _____

Desired occupation after graduation: _____

PART THREE- CFCIA MEMBER INFORMATION

CFCIA Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship to Applicant: _____

Status: Active Retired Deceased

Applicant Name: _____

PART FOUR - APPLICANT INFORMATION SHEET

In this space please list all pertinent scholastic achievements, school activities, extra-curricular activities, community service/involvement or other things you have done or are doing that you would like the Scholarship Committee to consider.

Applicant Signature X _____ Date: _____