



## CFMA SCHOLARSHIP APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

Relationship to CFMA member \_\_\_\_\_  
( child or grandchild or member)

CFMA member name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

High School Attended \_\_\_\_\_

City & State \_\_\_\_\_ Years attended \_\_\_\_\_

Awards/Honors received \_\_\_\_\_

\_\_\_\_\_

Other schools attended and year \_\_\_\_\_

\_\_\_\_\_

Name of school you will be attending \_\_\_\_\_

Address \_\_\_\_\_

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

Are you receiving any other scholarship or aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes please list \_\_\_\_\_

\_\_\_\_\_

Please write a brief autobiography. Include your career plans. \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Attach separate sheet if needed.

Have you been a recipient of a CFMA Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the amount you received and the year received? \_\_\_\_\_

If you are a repeat applicant, please provide a copy of grades from current school.

**INSTRUCTIONS TO APPLICANT**

**Applicant must be a citizen of the United States of America**

**Applicant must be a child or grandchild of a CFMA member or CFMA member**

**Applications must be received by February 1.**

**If awarded, money will be made available when applicant starts school.**

**Mail application to:**

**CFMA Scholarship Committee  
121 N. Santa Rosa  
Los Banos, CA 93635**