

CALIFORNIA CONSERVATION CORPS

Corpsmember Development

1719 24th Street, Sacramento, CA 95816
(916) 341-3204 FAX (877) 882-0120
www.ccc.ca.gov



**CCC Scholarship
Student Cost of Attendance**

PART 1: To Be Completed By Student

Requesting for term of: Fall 20___ Spring 20___ Summer 20___

School Name	_____
Address	_____
City/State/Zip	_____
Fax Number	_____
Phone Number	_____
Contact Person	_____

Student's Name	_____
Address	_____
City/State/Zip	_____
SSN	_____
Phone Number	_____

I authorize the release of my Cost of Attendance information to the California Conservation Corps (CCC).

Signature _____ Date _____

PART 2: To be completed by Financial Aid/Scholarship Office or Equivalent

Student is enrolled for _____ credit hours in the Fall 20___ Spring 20___ Summer 20___ term.

Course of Study _____

Expenses Per Term:

Tuition & Fees	\$ _____
Books/Supplies	\$ _____
Room/Board	\$ _____
Personal	\$ _____
Transportation	\$ _____
Childcare	\$ _____
Miscellaneous	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____

Student is making satisfactory academic progress (please circle one – N/A is for new students)

N/A YES NO (If no, please comment)

COMMENTS: _____

Expenses (Per Term) \$ _____

Signature of Authorized Official _____ Date _____

Printed Name: _____ Title: _____

E-mail: _____

•CCC Scholarship Coordinator • Phone Number: (916) 341-3204 Fax Number: (877) 882-0120•