

Executive Office

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



**CCC Scholarship Program
Enrollment Form**

Section 1

To be completed by the Corpsmember/Student

Name: _____

Address: _____

Phone Number: () _____ Message: () _____

E-mail: _____

Social Security Number: _____ Age: _____

Graduated from CCC _____ Center

Separation Date: _____ Highest Grade level completed: _____

Signature: _____ Date: _____

Section 2

To be completed by the School /Training Provider

Student name: _____

Name and address of School: _____

Major Course of Study: _____

of units/hours: _____ Telephone #: () _____

E-mail: _____

Date Class Begins: _____ Date Class Ends: _____

Admissions Clerk / Official Signature: _____

Printed Name: _____

Current Date: _____

School Seal or Stamp

Mail this form with class schedule to:

**California Conservation Corps
1719 24th Street
Sacramento, CA 95816
Attn: Scholarship Coordinator**

Headquarters use only