

CALIFORNIA CONSERVATION CORPS

Executive Office

1719 24th Street, Sacramento, CA 95816
(916) 341-3100 FAX (916) 445-1007
www.ccc.ca.gov



Scholarship Reimbursement Form

TO BE FILLED OUT ONLY BY THE SCHOOL:

Name of School or Institute: _____

Name of Office: _____

Address: _____ E-mail: _____

Phone number: () _____ Fax number: () _____

Contact Person: _____

Student Name: _____

Social Security Number: _____

Number of Units/Hours: _____ Amount Requested: \$ _____

The "Amount Requested" must be equal to, or less than, the amount listed on the corpsmember's award letter. The maximum authorized payment amount is four thousand dollars (\$4,000.00).

Signature of Financial Aid Official: _____ Date _____

Printed Name of Financial Aid Official: _____

Please return this form to:

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

Upon receipt, you will be sent a California State Controller's check within 4 to 5 weeks of receiving the completed form. If you have any questions, please call the Scholarship Coordinator at (916) 341-3204.