The purpose of the scholarship program at Cerritos College is to reward excellence, encourage academic achievement, and promote service to the college and community by giving honor, recognition, and financial support to our deserving students.

**Eligibility Requirements:**
- Must be enrolled at Cerritos College
- Must have at least a 2.0 GPA

**Application Procedures**
- Must complete and submit this application form in its entirety. Answer each question carefully and write N/A in spaces that do not apply.
- Must submit 2 letters of recommendation – Letters may be from instructor, counselor, employer, etc.
- Must submit an autobiography – Autobiography should tell the Scholarship Committee about you and your family as well as your educational and career goals. This important part of your package should be no more than one page.

**Deadline:** Return this form and the other required materials to the Financial Aid Office as soon as possible. Applications will be considered for the current academic year (Fall, Spring, Summer) for general scholarships. You must reapply every academic year to be considered.

**Selection Procedure:** Selection for individual scholarships may be based on academic achievement, letters of recommendation, financial need, and information contained in your autobiography. Whether you are selected or not, you will be notified by mail.

**Important Note:** If you are applying for a specific scholarship using this general application, eligibility requirements and deadline dates will be specific to that scholarship and you should list the name of that scholarship on this application.

*Return the completed application package to the Financial Aid Office in person or drop-box.*
Cerritos Community College – Financial Aid Office
General Scholarship Application

Student # __________________ Scholarship Applying for: ____________________________

Last Name: __________________ First Name: __________________ Middle: ______

Home Address: _______________________________________________________________

City: ___________________________ State: ______ Zip: _______________

Home Phone Number: _______________ Cell Phone Number: _______________

E-mail Address: ________________________________________________________________

Citizenship Status:  □ U.S. Citizen  □ Permanent Resident

□ International Student  □ Other _______________

High School Graduate:  □ Yes _____________________________  □ No

Name of High School

Circle One:  Freshman / Sophomore  Major: ________________________________

Expected Date of Graduation: _______________

Do you have plans to transfer to a 4-year University?

□ Yes _____________________________  □ No

Name of University

If yes, when do you plan to transfer?  □ Fall _____ □ Spring _____ □ Summer _____

Year Year Year

Describe your career goals briefly:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Extra-Curricular Activities:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
____________________________________________

Do any of the following apply to you?

☐ Athlete  ☐ Child of Cerritos College Staff/Faculty  ☐ Single Parent

☐ Veteran or Child of Veteran  ☐ Re-Entry Student

Ethnicity: _______________________________

Are you currently receiving financial aid?  ☐ Yes  ☐ No

If yes, please disregard the following.

Financial Information                      Student & Spouse          Parents

Income from Work                          ________________  ________________

*Income from other source                 ________________  ________________

Total Income Last Year                    $______________  $______________

*If income was from other sources, please indicate source of income:

(Social Security, Unemployment, Child Support, Veterans Benefits, TANF, etc.)

Do you live with your parents?  ☐ Yes  ☐ No

Marital Status:  ☐ Single  ☐ Married  ☐ Separated/Divorced  ☐ Widowed

Household Size: ________ Number Attending College: ________

Describe your financial situation (include any hardship circumstances related to financing your education):

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

I am requesting the Financial Aid Office review and evaluate eligibility for any scholarships that I may be eligible for. I have attached the required (2) letters of recommendation and autobiography.

Signature: ___________________________________________ Date: ___________________