

**CALIFORNIA STATE CORONER'S ASSOCIATION  
SCHOLARSHIP FOR 2012  
SCHOLARSHIP APPLICATION**

To enable the Executive Board of the California State Coroner's Association to make a just and impartial decision in your case, you are requested to complete and return this form to the Executive Secretary.

**DEADLINE FOR FILING APPLICATION IS May 1, 2012**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long Have You Lived There? \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Your Telephone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

High schools or other schools or colleges attended, with dates of attendance and of graduation (including your present school):  
\_\_\_\_\_  
\_\_\_\_\_

Name of School You Wish to Attend: \_\_\_\_\_

For School Year Commencing: \_\_\_\_\_ Class: \_\_\_\_\_

MAJOR SUBJECT: \_\_\_\_\_

DO YOU PROPOSE TO LATER ATTEND ANOTHER COLLEGE? \_\_\_\_\_

FOR WHAT BUSINESS OR PROFESSION ARE YOU PREPARING? \_\_\_\_\_

HAVE YOU BEEN OR ARE YOU NOW, THE BENEFICIARY OF A SCHOLARSHIP OR OTHER AWARD? \_\_\_\_\_

IF SO, GIVE THE NAME(S) AND AMOUNT(S): \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED FOR A SCHOLARSHIP OR AWARD? \_\_\_\_\_

IF SO, STATE YEAR(S): \_\_\_\_\_

CONDITION OF HEALTH: \_\_\_\_\_ PHYSICAL HANDICAPS: \_\_\_\_\_

The following documents must be forwarded to the trustees:

(1) TRANSCRIPTS: Applicants who have completed one or more semesters of college work should have an official transcript attached or forwarded to the Executive Secretary. Other applicants should have an official transcript of high school as well as college work, if any, undertaken to date of application. Applications will not be considered unless current transcripts are on file with the Executive Secretary.

(2) LETTERS OF RECOMMENDATION: Applicant must submit two letters of recommendation, giving information about his/her character, ability, ambition, and financial needs as assistance in evaluating the application (at least one from a teacher or school administrator).

ARE YOU (OR IS YOUR PARENT OR GUARDIAN, IF YOU ARE AN UNMARRIED MINOR) A LEGAL RESIDENT OF THE STATE OF CALIFORNIA? \_\_\_\_\_

IF SO, FOR HOW LONG? \_\_\_\_\_ WHAT COUNTY? \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES IN WHICH YOU PARTICIPATE AND ORGANIZATIONS TO WHICH YOU BELONG (E.G. CHURCH, FRATERNITIES, ATHLETICS, STUDENT BODY).  
\_\_\_\_\_  
\_\_\_\_\_

GIVE A SHORT BIOGRAPHY INCLUDING YOUR PAST AND PRESENT CIRCUMSTANCES AND YOUR PLANS FOR THE FUTURE: **(Not to exceed one page)**

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

***PARENT'S FINANCIAL STATEMENT***

Since grants are made in part on the basis of financial need, no application can be considered without the information requested below. **It will be treated as confidential.**

Father's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

By whom employed? \_\_\_\_\_

Mother's name (in full): \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

By whom employed? \_\_\_\_\_

Value of all family real estate: \_\_\_\_\_

\_\_\_\_\_

Value of all family personal property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year and make of all family automobile(s): \_\_\_\_\_

\_\_\_\_\_

Average combined income per year of parents: \_\_\_\_\_

Names and relationships of all persons, in addition to parents, dependent on above income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of money parents will furnish applicant monthly: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of father: \_\_\_\_\_

Signature of mother: \_\_\_\_\_



# **California State Coroner's Association**

## **College Scholarship Program**

**The California State Coroner's Association is a non-profit organization comprised of members from Coroner's offices in the 58 counties of the state.**

**The purpose of the college scholarship program is to provide financial assistance to college students based on academic performance, individual merit and financial need.**

**The scholarship program is funded entirely by donations from the C.S.C.A. and the program is administered by an appointed committee of the association. The scholarship committee makes the yearly selections based on the criteria mentioned above and recipients chosen are at the sole discretion of the committee.**

**The scholarship program is available to current dues paid, active members, associate members and principals of the California State Coroner's Association and is extended to include their spouses, children, stepchildren, parents, siblings, grandchildren and great grandchildren.**

**Priority will be given to undergraduate college students.**

**All application materials must be complete and received by the scholarship committee by May 1st., in order to qualify for the following fall or spring semester of any school year.**

### **Application Criteria:**

**Proof of graduation from an accredited high school or G.E.D. equivalent.**

**Proof of enrollment in an accredited junior college or four-year college or university.**

**Priority will be given to students enrolled in at least nine (9) units.**

**Applicants will be notified of their status in the summer and scholarships will be presented at the awards ceremony in September.**