



California Correctional Supervisors Organization

1481 Ullrey Ave., Escalon, CA 95320 ~ (800) 449-2940

\$500 SCHOLARSHIP APPLICATION FORM

PLEASE PRINT or TYPE

APPLICANT'S INFORMATION

Applicant's Name: _____

Birth date: _____ Last 4 digits of SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

1. Write a brief essay about yourself (on a separate sheet of paper).
2. College Plans: (Include college, college major, or vocation) _____

3. Explain **why** you plan to attend college on a separate sheet of paper.

4. List Extracurricular Activities: _____

5. List your community activities: _____

6. Honor(s) and Award(s): _____

QUALIFYING CCSO MEMBER INFORMATION - Applicant must be a son/daughter of dues paying member of CCSO, and a high school senior with an average unweighted and weighted GPA of 3.5 or higher (9 – 12).

Name of Qualifying CCSO Member: _____ CCSO Chapter: _____

SS# of CCSO Member: _____ Relationship To Applicant: _____

HIGH SCHOOL INFORMATION:

High School: _____ High School Telephone #: (____) _____

Date of High School Graduation: _____ SAT / ACT Score: _____

Please provide a copy of Scores

HIGH SCHOOL VERIFICATION (for graduating seniors)

Must Be Completed By A School Official Only

Cumulative Unweighted GPA: _____ Cumulative Weighted GPA: _____

School Official (print): _____ Position: _____

Signature: _____ Date: _____

**Deadline: April 30th – Close of business day
Applications received in the CCSO office
after this date will not be considered.**