

## California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513 Glendale, CA 91206 Phone (818) 246 - 7241

> Email: operations@cafcu.net Website: www.cafcu.net

## SCHOLARSHIP APPLICATION

## **Requirements:**

Must Attend an Adventist High School in So. Cal
A High School Senior
3.5 Cumulative GPA or higher
Must be accepted to a credited college
Must be/become a CAFCU member

Applicant Name:	ast			
L	ast	First		M.I.
Address:				
St	reet Address			Apartment/Unit #:
	ity	State		Zip Code
-mail :		Cell Phone #:	DOB:	
Graduation Year: _		High School:	GPA:	
Vhere do you plar	n to attend college?:			
/hat are you stud	ying or plan to study?: <sub>-</sub>			
are you currently a	a member at CAFCU?	☐ No ☐ Yes If yes	s, how long?	
Please give your th	noughts (in 150 words c	or less) on why you believe we sh	ould choose you for this scholarsh	ip:
Applicant's Signatu	re:		Date	