



John Braheny Scholarship Application 2018-2019

Name of Applicant:

Last

First

Middle

Permanent Address:

Street

Apt.#

City

State

Zip

Country

Phone Number

Alternate No.

Cell/Mobile

E-mail Address

Alternate E-mail Address

Mailing Address (if different from above):

Street

Apt.#

City

State

Zip

Phone Number

Current College/University:

Name _____

Address _____

Name of Dean _____ Phone () -

Overall GPA _____ GPA in major _____

In September 2019, I will be _____ level in my field of study.
(Sophomore/Junior/Senior)

Prior College/University (if any):

Name _____

Address _____

Dates of Attendance _____ Degree Awarded (if any) _____

Overall GPA _____ GPA in major _____

Relevant Work Experience (including internships)

List most recent work experience first.

Employer 1 _____

Type of Business _____

Address _____

Dates _____ Position _____

Supervisor _____ Phone () -

Duties _____

Employer 2 _____

Type of Business _____

Address _____

Dates _____ Position _____

Supervisor _____ Phone () -

Duties _____

Statement of Financial Need (if applicable): Please submit most recent FAFSA report, if applicable

FAFSA score _____

Other sources of financial aid already received w/ amounts _____

College Activities *Use additional sheets and attach if necessary*

Student and Professional Organizations _____

Community Activities _____

Athletic Activities _____

Other _____

Permission to Release Information

By signing this application, I authorize the California Copyright Conference to confirm and/or release any information included on this application.

Applicant's Signature _____ Date _____

Please return your completed application by March 31, 2019 to:

**The California Copyright Conference
P.O. BOX 57962
Sherman Oaks, CA 91413
(818) 379-3312 www.theccc.org**