



**John Braheny Scholarship Application 2018-2019**

**Name of Applicant:**

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Last

First

Middle

**Permanent Address:**

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Street

Apt.#

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City

State

Zip

---

Country

---

Phone Number

Alternate No.

Cell/Mobile

---

E-mail Address

Alternate E-mail Address

**Mailing Address (if different from above):**

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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 April 5, 2019 to:**

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