



## John Braheny Scholarship Application 2020-2021

**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

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Country

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Phone Number Alternate No. Cell/Mobile

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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 2021, 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, 2021 to:**

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