



**John Braheny Scholarship 2021-22**  
Application Form

**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.#

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City State Zip

Applicant Name: \_\_\_\_\_

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**Current College / University:**

College / University Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name of Dean \_\_\_\_\_ Phone \_\_\_\_\_

Overall GPA \_\_\_\_\_ GPA in major \_\_\_\_\_

In September 2022, I will be \_\_\_\_\_ level in my field of study.  
(Sophomore/Junior/Senior)

**Prior College / University (if any):**

College / University 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 \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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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.

FAFSA score \_\_\_\_\_

Other sources of financial aid already received w/ amounts \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**College Activities:**

Use additional sheets and attach if necessary

Student and Professional Organizations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

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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, 2022** to: [scholarship@theccc.org](mailto:scholarship@theccc.org).

**The California Copyright Conference**

P.O. Box 57962

Sherman Oaks, CA 91413

[www.theccc.org](http://www.theccc.org)