



# TOTAL SCHOOL SOLUTIONS

## SCHOLARSHIP APPLICATION (FOR CBO TRAINING PROGRAMS)

**Applicant's Name:**

\_\_\_\_\_ *Last Name, First Name and Initial*

**Applicant's Address:**

\_\_\_\_\_ *Street Address, (Include Apt No, if applicable), City, State and Zip Code*

**Personal Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Current Position or Title:** \_\_\_\_\_

**District Name:** \_\_\_\_\_

**District Address:**

\_\_\_\_\_ *Street Address, (Include Apt No, if applicable), City, State and Zip Code*

**District Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Department or Area of Responsibility:** \_\_\_\_\_

**Department Address** *(If different from the district):*

\_\_\_\_\_ *Street Address, (Include Apt No, if applicable), City, State and Zip Code*

**Department Telephone Number or Extension:** \_\_\_\_\_

**Reason for applying for this scholarship** *(It is important that you complete this part.):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Desired Scholarship Amount \$** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Please send the application to **Total School Solutions** at the following address:

4 7 5 1 M a n g e l s B o u l e v a r d • F a i r f i e l d , C A 9 4 5 3 4  
( 7 0 7 ) 4 2 2 - 6 3 9 3 • F a x ( 7 0 7 ) 4 2 2 - 6 4 9 4