



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.):*

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