



Scholarship Application Form

Name: _____ M.I. _____ Last name: _____

Address: _____

Phone: _____ Email: _____

Parent's/ Guardian's name [if under 18]: _____

Parent's/ Guardian's address: _____

Parent's/ Guardian's contact: _____

I would like to apply for a scholarship for _____ provided by Shasta Community Access Channels from _____ to _____.

The scholarship would enable me to _____

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