

CAJPA JOSEPH FARRELL MEMORIAL SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name: _____

Home Address: _____

City, State, Zip: _____

Daytime Phone: _____

E-Mail Address: _____

Current Job Title: _____

Date of Hire: _____ Annual Salary: _____

EMPLOYER: (MUST BE A CURRENT CAJPA JPA, AFFILIATE OR ASSOCIATE MEMBER)

Employer Name: _____

Street Address: _____

City, State, Zip: _____

Supervisor Name: _____

Phone Number: _____

DESCRIBE COURSE(S) FOR WHICH SCHOLARSHIP IS SOUGHT

| COLLEGE/EDUCATIONAL INSTITUTION | CLASS/SEMINAR TITLE | UNITS, IF APP. | DEGREE/DESIGNATION | COST |
|---------------------------------|---------------------|----------------|--------------------|------|
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Other Educational Expenses: Books \$_____ Extra Exp. \$_____ Define: _____

How are your tuition/educational expenses currently paid?

Self _____% Employer _____% Scholarships (list) _____

Signature of Applicant _____ Date: _____

**Submit completed application, essay and letter of recommendation to:
CAJPA Scholarship Committee
P.O. Box 255431
Sacramento, CA 95865-5431**