

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 OR BE ACTIVELY INVOLVED IN THE MANAGEMENT OR OPERATIONS OF A JPA.)

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

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
1215 K Street, Suite 2290
Sacramento, CA 95814**