The College Club Scholarship Fund

The College Club Scholarship Fund, Inc. • 44 Commonwealth Avenue • Boston, MA 02116
617.236.9510 • fax 617.247.8537

The College Club Scholarship Fund, Inc. qualifies as a charitable organization under IRS Section 501(c)(3) and contributions are tax deductible in accordance with IRS regulations.

2024 CCSF Scholarship Application

Personal Information
Please list your name on the top of all application form pages.

Applicant Name:	
Home Address:	
City: State: Zip:	
Cell Phone: ( ) - Home Phone: ( ) -	
Email Address: Date of Birth:	
High School: High School Phone: ( ) -	
High School Address:	
City: State: Zip:	

College Information
Submit additional sheet if necessary, using this format.

Schools Applied To	Date Applied	Accepted?
		☐ Yes ☐ No ☐ Don't Know
		☐ Yes ☐ No ☐ Don't Know
		☐ Yes ☐ No ☐ Don't Know
		☐ Yes ☐ No ☐ Don't Know
		☐ Yes ☐ No ☐ Don't Know

Volunteer Activities
List all on/off-campus extracurricular activities during high school, including any positions held, such as President, Secretary, etc. Submit additional sheet if necessary, using this format.

Dates	Activity	Most Significant Contribution

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Honors and Scholarships			
These may or may not be academic-related.			
Submit additional sheet if necessary, using this format.			
Date of Award	Sponsor	Name of Award	Award Description

Work Experience		
List employment during the school year and your summer break.		
Submit additional sheet if necessary, using this format.		
Dates	Place of Employment	Job Duties/Hours Worked

ESSAY: The personal statement should provide the CCSF review committee with a sense of you as an individual, your achievements, and your hopes for the future. The essay may also include any other information you feel is relevant. The essay should be a typewritten or computer-printed essay of **no more than 1,000 words**, double-spaced. Please put your name at the top of each page.

STATEMENT OF NEED: Please briefly explain your personal financial circumstances and how this scholarship will help you. (250 words maximum, double-spaced) Please put your name at the top of each page.

Required Information
Applications without the required signature will be disqualified.
To the best of my knowledge, the information presented on this application is complete and accurate.

Applicant's Signature: _____   Date: _____

Send completed application to ccsfapp@gmail.com. Applications are due Monday, May 6, 2024.