

Children's Cultural Arts Foundation, Inc.
P. O. Box 1777
Atlantic City, NJ 08404-1777

Name _____ (I hereby apply for the CCAF scholarship award
for the school year _____ . Date _____

Address _____
Phone _____ Fax _____ Date of birth _____

Parents/Guardians _____
Address _____ Phone _____

Number of brothers _____ Number of sisters _____ Family income _____

Name of your high school _____

Address of high school _____

Expected date of graduation _____ G.P.A. or class rank _____

To what colleges have you applied? _____

To what colleges have you been accepted? _____

Name of college you expect to attend _____

Address _____

Major, first choice _____ Major, second choice _____

Awards and honors you have received in high school _____

Volunteer and community service activities _____

Clubs, organizations, extracurricular activities _____

_____ Please note office(s) held.

Please attach a 250-300 word essay regarding your future plans and/or career goals.

**Return to: Mrs. T. Abdur-Raheem, 704 N. Michigan Ave., Atlantic City, New Jersey
08401 by May 1st.**