Anagement Association Corona-Norco Management Association Scholarship Application				
Student Name		Student Number		
ddress				
Telephone		Email		
ame of Pare	ents or Guardians			
oes a paren	t or guardian work for t	he CNUSD?Ye	sNo	)
If so,	Name	Site	Positi	ion
	Name	Site	Position	
	ulative GPA ( educational goal and fu	C C	1	
	f high learning			
	1 <sup>st</sup> Choice 2 <sup>nd</sup> Choice			
			Applied	Accepted _

- Volunteer and leadership opportunities
- Future goals and career path
- How this scholarship will assist in obtaining these future goals

**DISCLAIMER AND SIGNATURE** I certify that my scholarship application answers are true and complete to the best of my knowledge. If this application leads to awarding of a scholarship, I understand that false or misleading information uncovered in my application may result in my having to make restitution.

Applicant's Signature:

Date:

Please return this application to your counseling office by Feb. 17, 2023 (Submit application online)