



# California Scholarship Federation, Inc.



## California Junior Scholarship Federation

AN AFFILIATE OF THE ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS

Celebrating "Scholars for Service" since 1921

REAFFILIATION FEE: \$50.00

CHAPTER NUMBER (IF KNOWN): \_\_\_\_\_

FILLABLE FORM

Full Name of School: \_\_\_\_\_

Chapter Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Name of Chapter Adviser: \_\_\_\_\_

Adviser's Home/Cell Phone Number: \_\_\_\_\_

Adviser's Email: \_\_\_\_\_

Adviser's Alternate Email: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Principal Phone Number: \_\_\_\_\_

Principal Email: \_\_\_\_\_

Grade levels currently offered: \_\_\_\_\_ Total School Enrollment: \_\_\_\_\_

Name of School District: \_\_\_\_\_

By signing below, it is understood that your school's CSF chapter agrees to abide by the CSF State Constitution and By-Laws, and understands that failure to do so may result in revocation of the school's CSF charter.

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application along with re-affiliation fee to:

CSF/CJSF Central Office  
28241 Crown Valley Parkway, Suite F #201  
Laguna Niguel, CA 92677

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