



California Scholarship Federation, Inc.



California Junior Scholarship Federation

AN AFFILIATE OF THE ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS

Celebrating "Scholars for Service" since 1921

CALIFORNIA SCHOLARSHIP FEDERATION CHAPTER AFFILIATION APPLICATION

Fillable

Full Name of School: _____

Mailing Address: _____

City: _____ Zip: _____

School Phone Number: _____

Name of School District: _____

Chapter Adviser Name: _____

Adviser's Home/Cell Phone Number: _____

Adviser's School Email: _____

Adviser's Alternate Email: _____

Principal's Name: _____

Principal's Email: _____

Grade levels currently offered: _____ Total school enrollment: _____

Were you recruited by an adviser from another chapter? If so, please list name and school:

By signing below, you agree that your school's CSF chapter will 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: _____

Signature of Adviser: _____

Return completed application to: CSF Central Office
28241 Crown Valley Parkway Suite F #201
Laguna Niguel, CA 92677

----- FOR CSF OFFICE USE ONLY -----

Application Received _____ Chapter Number _____ Region _____

Registrar's Approval _____ Date _____