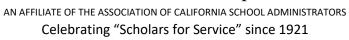


California Scholarship Federation, Inc.

California Junior Scholarship Federation





CALIFORNIA SCHOLARSHIP FEDERATION CHAPTER AFFILIATION APPLICATION

FIllable		
Full Name of School:		
Mailing Address:		
City:	Ziŗ	0:
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 e	nrollment:
Were you recruited by an adviser fror	n another chapter? If so, please list nam	ne and school:
	r school's CSF chapter will abide by the may result in revocation of the school's	•
Signature of Principal:		_
Signature of Adviser:		_
Return completed application to:	CSF Central Office 28241 Crown Valley Parkway Suite F Laguna Niguel, CA 92677	#201
	FOR CSF OFFICE USE ONLY Chapter Number	Region
Registrar's Approval	Date	

28241 Crown Valley Parkway · Suite F #201 · Laguna Niguel, CA 92677