



FOUNDATION *for* CALIFORNIA
COMMUNITY COLLEGES

Keenan Insurance Scholarship Application

Application Filing Period: February 1, 2026 – October 31, 2026

(For Scholarship Office Use Only)

New Applicant

Renewal Applicant

1. Name _____
Last _____ First _____ Middle Initial _____

2. Student ID Number _____

3. Home Address _____
Street Address (Include unit number if applicable) _____ City _____ State _____ Zip _____

4. Telephone Number _____

5. Estimated number of insurance, risk management, financial services, or benefits coursework units to be enrolled/completed

Spring 2026

Summer 2026

Fall 2026

6. College to be attended during 2026 calendar year _____

7. Major _____ 8. Educational Objective _____ AA/AS _____ Certificate _____

9. Concentration, if applicable _____

10. Estimated Completion Date for above _____
Month/Year _____

STUDENT CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I hereby give the community college permission to release this information to any agency necessary for the processing or funding of my aid application.

Student Signature

Date

Parent Signature (Dependent Students Only)

Date

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

After completion, submit application and supporting documentation to your scholarship office for processing.