



# Educating for Change Scholarship Student Application

Application Filing Period: February 23, 2026 — March 25, 2026  
(For Scholarship Office Use Only)

New Applicant      Renewal Applicant

1. Name \_\_\_\_\_  
Last First Middle Initial

2. Student ID Number \_\_\_\_\_ 3. Student Email Address \_\_\_\_\_

4. Home Address \_\_\_\_\_  
Street Address (Include unit number if applicable) City State Zip

5. Telephone Number \_\_\_\_\_

6. At which prison administered by the California Department of Corrections and Rehabilitation (CDCR) is your parent incarcerated? \_\_\_\_\_

7. What is your parent's inmate number? \_\_\_\_\_

8. Estimated number of units to be enrolled/completed in Spring 2026 \_\_\_\_\_

9. College to be attended in Spring 2026 \_\_\_\_\_

10. Major or program of study \_\_\_\_\_

11. Type of program (certificate, Associates, Baccalaureate) \_\_\_\_\_

12. OPTIONAL: I authorize sharing of my personal contact information (name, email, phone) with the Foundation for California Community Colleges (FoundationCCC) for the purposes of receiving follow-up communications directly from FoundationCCC.      Yes      No

## 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 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 your application and supporting documentation to your scholarship or Financial Aid office for processing. Do NOT submit your application to the FoundationCCC!**