



# Educating for Change Scholarship Application

Application Filing Period: January 3, 2025 — January 31, 2025

(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 is your parent incarcerated? \_\_\_\_\_

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

8. Estimated number of units to be enrolled/completed \_\_\_\_\_  
Fall 2024 Spring 2025

9. College to be attended during the 2024-25 academic year Mt. San Antonio College

## 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 application and supporting documentation to the Mt. SAC Scholarship Program Office for processing. Do NOT submit your application to the Foundation for California Community Colleges!**

### **SUBMISSION INFORMATION**

Completed applications should be submitted to:

**Mt. SAC Scholarship Program Office**  
Financial Aid Department, Bldg. 9B - Counter #5  
1100 North Grand Ave.  
Walnut, CA 91710

Completed applications can also be emailed to:  
**[scholarships@mtsac.edu](mailto:scholarships@mtsac.edu)**

**Questions?**  
909-274-4457