



CLASSIFIED COUNCIL

Glendale Community College

**CLASSIFIED COUNCIL APPLICATION
STUDENT WORKER SCHOLARSHIP**

DATE:				
CHECK ONE:	MISS <input type="checkbox"/>	MRS. <input type="checkbox"/>	MS. <input type="checkbox"/>	MR. <input type="checkbox"/>
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS		CITY		ZIP CODE
TELEPHONE NUMBER			STUDENT ID#	
DEPARTMENT(S) WHERE YOU ARE A STUDENT WORKER				
NAME(S) OF CLASSIFIED EMPLOYEE(S) UNDER WHOM YOU WORK OR WHO RECOMMEND(S) YOU FOR THIS SCHOLARSHIP				
1.	2.	3.	4.	5.

By signing this application, I verify that I am currently enrolled in 6 units at Glendale Community College and have completed 12 units with a GPA of 2.5 or higher.

Student Worker's Signature