



**CONTRA COSTA COUNTY  
RETIRED EMPLOYEES ASSOCIATION**  
P.O. Box 2973 • Martinez, CA 94553-8868  
*Representing the Past, Present & Future*

## Mary Lou Williams Scholarship Application

(Please type or print clearly)

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### PART ONE - APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ DOB: \_\_\_\_\_

Currently Attending: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Email: \_\_\_\_\_

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### PART TWO - COLLEGE, UNIVERSITY OR VOCATIONAL SCHOOL

Accepted       Applying (please attach complete list)       Attending

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date you plan to start: \_\_\_\_\_ Course of Study: \_\_\_\_\_

What degree/objective will you be pursuing: \_\_\_\_\_

Desired occupation after graduation: \_\_\_\_\_

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### PART THREE - CCCREA SPONSORING MEMBER INFORMATION

CCCREA Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

