CEN CAL
CALIFORNIA DIVING & AQUATIC STUDIES SCHOLARSHIP
APPLICATION FORM

Date: _____

Name: _____
First Middle Last

Home Address: _____

City, State, Zip: _____

School Attending: _____

School Address: _____

City, State, Zip: _____

Phone home: _____Phone at School: _____E-Mail_____

Major Course of Study: _____

Total Units Completed as of this Date: _____

Grade Level: _____GPA: _____

Primary Marine Interest: _____

_____

SCUBA Certifications:

Basic/Openwater: Date _____Agency _____Cert.# _____

Most Advanced: Level_____ Date _____Agency _____Cert.# _____

Listing of Honors, Awards, Specialty Classes, Relevant Memberships, Community Service and any other applicable activities:

_____

_____

_____

_____

_____

_____

_____

(Use additional paper if necessary.)

Signature:
_____