

**CALIFORNIA SCHOLARSHIP FEDERATION
CHAPTER REAFFILIATION APPLICATION**

REAFFILIATION FEE: \$50.00

Fillable form

Full Name of School: _____

Chapter Number: _____

Mailing Address: _____

City: _____ Zip: _____

School Phone Number: _____

Name of Chapter Adviser: _____

Adviser's Home/Cell Phone Number: _____

Adviser's Email: _____

Name of Principal: _____

Principal Phone Number: _____

Principal Email: _____

Grade levels currently offered: _____ Total Number of Students: _____

By signing below, it is understood that your school's CSF chapter agrees to abide by the CSF State Constitution and By-Laws, and understands that failure to do so may result in revocation of the school's CSF charter.

Signature of Principal: _____

Signature of Adviser: _____

Please return completed application along with reaffiliation fee to:

CSF/CJSF Central Office
28241 Crown Valley Parkway, Suite F #201
Laguna Niguel, CA 92677