

Thank you for your interest in forming a chapter of the California Scholarship Federation in your high school.

The procedure for making application for a chapter charter is as follows:

1. The charter application blank is to be completed by the adviser or the principal and signed by both.
2. Complete two copies of the CSF Standing Rules. Return both copies. A copy will be returned to you for your files. This will be your local constitution which condenses essential data of the CSF Constitution.
3. Complete the official charter form.
4. Arrange your school's courses on Lists I, II & III according to Article IV, Section 6, of the CSF Bylaws. Once your affiliation application is received, you will receive an email asking you to submit these Lists electronically. **Do not submit with your application.**

CHECK LIST FOR RETURNING MATERIALS:

- \_\_\_ The completed application
- \_\_\_ Two copies of the completed Standing Rules
- \_\_\_ The official CSF charter form
- \_\_\_ A copy of your school's letter of accreditation from WASC
- \_\_\_ Check for \$100

Upon approval of your school's application by the CSF Registrar, you will receive an official charter and be able to begin your first membership drive. All necessary information to start your chapter can be found under New Advisers on the website.

If you have any questions, please contact the CSF Central Office at [csfcjsf@socal.rr.com](mailto:csfcjsf@socal.rr.com) or (800) 437-3347.

Sincerely,

Lynn W. Fillo  
CSF Registrar

## CSF CHARTER REQUEST FORM

Date: \_\_\_\_\_

Name of School: \_\_\_\_\_  
(As it should appear on charter)

CSF Chapter Number: \_\_\_\_\_  
(This will be assigned by the CSF Registrar upon approval of charter)

Send charter to:

CSF Adviser: \_\_\_\_\_

Adviser's Email: \_\_\_\_\_

School: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please return this form along with your affiliation application to:

CSF Central Office  
PMB #421  
16458 Bolsa Chica  
Huntington Beach, CA 92649

**CALIFORNIA SCHOLARSHIP FEDERATION  
CHAPTER AFFILIATION APPLICATION**

Please type or print

Full Name of School: \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Chapter Adviser: \_\_\_\_\_

Adviser's Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Adviser's Email: \_\_\_\_\_ @ \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Grade levels currently offered: \_\_\_\_\_

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: \_\_\_\_\_

Return completed application to: CSF Central Office  
PMB #421  
16458 Bolsa Chica  
Huntington Beach, CA 92649

-----  
FOR CSF REGISTRAR ONLY

Date Received: \_\_\_\_\_ Date of Approval: \_\_\_\_\_ Region: \_\_\_\_\_ Chapter No: \_\_\_\_\_

