

Kern Division Retired Teachers' Scholarship Association

Criteria for selection of scholarship recipients Kern County Community Colleges

Each student applicant shall:

- 1. Be a citizen of the United States of America.
- 2. Have a high academic standing as evidenced by a transcript of studies.

Taft College Financial Aid & Scholarship Office will provide this information for you.

- 3. Submit two letters of recommendation of which one must be from a faculty member.
- 4. Have successfully completed two or more years of college studies and be planning to enroll in upper division or graduate studies at a college or university in California in preparation for a professional career in the field of education.
- 5. Submit an autobiographical essay and resume of your future plans written as a college paper. You need to show how you are a trustworthy, constructive citizen interested in the welfare of others as demonstrated by evidence of family, school, and community involvement during your **college years**.
- 6. Submit evidence of financial need.
- 7. Submit the name of the college or university in California you are planning to attend in the fall. Scholarships will only be awarded to students continuing their studies in the State of California.

2016-2017 Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION

SCHOLARSHIP DEADLINE: March 17, 2017

TO BE ELIGIBLE FOR SCHOLARSHIP CONSIDERATION, STUDENTS MUST MEET THE FOLLOWING REQUIREMENTS:

- 1. U.S. CITIZEN. HIGH ACADEMIC STANDING. COMPLETION OF AT LEAST TWO YEARS OF COLLEGE OR UNIVERSITY STUDIES IN PREPARATION FOR A PROFESSIONAL CAREER IN THE FIELD OF EDUCATION. GOAL: TO BECOME A TEACHER. EVIDENCE OF FINANCIAL NEED.
- 2. COMPLETE THE ATTACHED SCHOLARSHIP APPLICATION <u>AND</u> INCLUDE AN AUTOBIOGRAPHICAL ESSAY & RESUME OF YOUR FUTURE PLANS IN A COLLEGE PAPER OF 200-300 WORDS AS FOLLOWS:
 - a. INDICATE YOUR FUTURE EDUCATIONAL PLANS AND CAREER GOALS
 - b. Show how you are trustworthy, constructive citizen interested in the welfare of others demonstrated by evidence of family, school, and community.
 - c. INCLUDE EVIDENCE OF FINANCIAL NEED FOR SCHOLARSHIP ASSISTANCE
 - d. SIGN AND DATE YOUR STATEMENT
- 3. PROVIDE TWO ACADEMIC RECOMMENDATIONS—AT LEAST ONE MUST BE FROM A FACULTY MEMBER. FORMS FOR THESE RECOMMENDATIONS ARE ATTACHED. ASK YOUR INSTRUCTOR(s) TO RETURN THESE TO THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS.
- 4. SUBMIT ALL INFORMATION TO:

TAFT COLLEGE
FINANCIAL AID & SCHOLARSHIP OFFICE
29 COUGAR COURT
TAFT, CA 93268

- 5. STUDENTS APPLYING FOR SCHOLARSHIP CONSIDERATION MUST BE PLANNING TO BE ENROLLED AT AN APPROVED STATE OF CALIFORNIA TRANSFER INSTITUTION FOR THE 2017-2018 ACADEMIC YEAR.
- 6. SCHOLARSHIPS ARE BASED ON ANY NUMBER OF THE FOLLOWING: SCHOLASTIC ACHIEVEMENT, FINANCIAL NEED, CITIZENSHIP, VOLUNTEER EXPERIENCE, ACADEMICS, KNOWLEDGE & UNDERSTANDING OF WHAT TEACHING IS ABOUT, AND GOAL TO HAVE A PROFESSIONAL CAREER IN THE FIELD OF EDUCATION.

SCHOLARSHIP NOTIFICATION: SCHOLARSHIPS ARE COMPETITIVE BY NATURE. EVERYONE WHO FILES AN APPLICATION WILL NOT RECEIVE A SCHOLARSHIP. SCHOLARSHIP AWARDS ARE ANNOUNCED BEGINNING IN LATE APRIL AND THROUGHOUT THE MONTH OF MAY. STUDENTS SELECTED TO RECEIVE A SCHOLARSHIP WILL BE NOTIFIED BY MAIL BY THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS. AWARD NOTICES INCLUDE SCHOLARSHIP AMOUNT, DISBURSEMENT AND DONOR INFORMATION. IF AWARDED A SCHOLARSHIP, THE AWARD IS PAYABLE FOR THE 2017-2018 ACADEMIC YEAR. IT IS RECOMMENDED THAT RECIPIENTS SEND A NOTE OF APPRECIATION TO DONOR(S) LISTED ON THE AWARD LETTER. IF YOU HAVE NOT RECEIVED AN AWARD LETTER BY JUNE 2016, YOU SHOULD ASSUME THAT YOU WERE NOT SELECTED.

2016-2017 Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION

PERSONAL DATA (Please Print or Type)

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LAST NAME	FIRST NAME		MI	STUDENT ID #
CURRENT MAILING ADDRESS	Сітү	STATE	ZIP	PHONE No.
PERMANENT MAILING ADDRESS	Сітү	STATE	ZIP	Phone No.
BIRTHDATE: /	1	Age: _		MaleFEMALE
HIGH SCHOOL:		GF	RADUATI	ON DATE:
LIST ALL PRIOR COLLEGES ATT	_	_		DED. PROVIDE OUR OFFICE
CURRENT MAJOR: ULTIMATE CAREER GOAL/FINAL CA COLLEGE OR UNIVERSITY Y CA COLLEGE OR UNIVERSITY Y (ADVISE THE OFFICE OF FINANCE REGARDING THE SCHOOL YOU W	L DEGREE HOPIN OU WILL ATTEND OU WILL ATTEND CIAL A ID & S CHO	G TO ATTAI FALL 201 SPRING 20 DLARSHIPS	N: 7: 018: IF YOUR	PLANS SHOULD CHANGE
ARE YOU CURRENTLY EMPLOYED IF YES, ARE YOU EMPLOYED NAME OF EMPLOYER: IS EITHER OF YOUR PARENTS EM IF YES, LIST NAME OF PA	PART-TIME	FULL-T	OR UNIV	
IF YOU HAVE A DISABILITY, DO Y STUDENTS WITH A DISABILITY?				

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COLLEGE AND COMMUNITY ACTIVITIES

INDICATE BELOW YOUR COLLEGE ACTIVITIES, INCLUDING CLUB MEMBERSHI	
SCHOLARSHIPS, AWARDS, HONORS, SPORTS, AND/OR RECOGNITION YOU HA	AVE RECEIVED.
INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGANIZA CLUBS, VOLUNTEER WORK, ETC.	TIONS, CHURCH,
I AM ASKING THE FOLLOWING INSTRUCTORS TO SUBMIT RECOMMENDATIONS APPLICATION FOR SCHOLARSHIP:	S IN SUPPORT OF MY
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AS A SCHOLARSHIP APPLICANT, I HEREBY RELEASE INFORMATIC THIS APPLICATION AS WELL AS MY ACADEMIC TRANSCRIPTS TO CAMPUS PE PRIVATE DONORS AS MAY BE REQUIRED IN CONNECTION WITH SECURING A	RSONNEL AND/OR SCHOLARSHIP FOR
ME. IN ADDITION, I WAIVE MY RIGHT TO ACCESS AND REVIEW CONFIDENTIAL RECOMMENDATIONS ACQUIRED FOR PURPOSES OF DETERMINING AND GRA	
SCHOLARSHIP. I UNDERSTAND THAT SCHOLARSHIPS MAY BE DENIED IF AN REPORTED ON THIS APPLICATION IS FOUND TO BE INTENTIONALLY MISLEAD	
INACCURATE.	
SIGNATURE OF APPLICANT	DATE

FINANCIAL INFORMATION

STUDENT'S NAME:	_ COLLEGE ID #
STUDENT INFORMATION:	
STUDENT'S MARITAL STATUS: [] SINGLE [] DIVORCED NUMBER OF DEPENDENT CHILDREN: A	[]WIDOWED
CHILDREN:	
STUDENT'S 2015 ADJUSTED GROSS INCOME: INCOME IF MARRIED)	\$ (INCLUDE SPOUSE'S
IF YOU LIVE WITH YOUR PARENTS AND/OR WERE CL YOUR PARENT'S TAX RETURN, THEN COMPLETE TH PARENT INFORMATION:	
FATHER:MOTHE	R:
ADDRESS:ADDRE	
CITY:CITY:	
EMPLOYER:EMPLO	YER:
PARENT'S MARITAL STATUS: [] MARRIED [] WIDOWED NOTE: IF PARENTS ARE SEPARATED OR DIVORCED, LIST OF	[] BOTH DECEASED
PARENTS' 2015 ADJUSTED GROSS INCOME:	
FAMILY SIZE (NUMBER OF INDIVIDUALS IN YOUR IM TOTAL NUMBER OF IMMEDIATE FAMILY MEMBERS WINCOME, WHO WILL BE ATTENDING COLLEGE IN 20 WHERE DO YOU PLAN TO LIVE DURING THE 2017-2 [] WITH PARENTS [] IN OWN HOME/APARTME (EXPLAIN):	/HO ARE SUPPORTED BY THE FAMILY 17-2018: 2018 ACADEMIC YEAR?
*** For Statistical	PURPOSES ***
RACIAL/ETHNIC BREAKDOWN (CHECK ONE):	
[] AMERICAN INDIAN	
ARE YOU A UNITED STATES CITIZEN? [] YES [1 NO

Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION CONFIDENTIAL

NAME OF APPLICANT				COLLEGE STUDENT ID#			
THE APPLICANT H YOUR ASSESSMENT APPLICATION.		DIDATE IS OF	VITAL IMPO	ORTANCE TO	ГНЕ		
How long have you known this applicant? What is the basis for your recommendation?		?	YEARSMONTHSCLASSROOM CONTACTCOUNSELING RELATIONSHIPCO-CURRICULAR ACTIVITIES				
PLEASE RATE THE	APPLICANT ON I	HE FOLLOWING	ATTRIBUTE	8:	NO		
POTENTIAL	EXCELLENT []	GOOD	FAIR	POOR	KNOWLEDGE		
MOTIVATION	[]	[]	[]	[]	[]		
INITIATIVE	[]	[]	[]	[]	[]		
PROVIDE ADDITION EDUCATION AND/O SCHOLARSHIP.							
THIS APPLICANT IS	: (CHECK ONE)		RECOMMEN	RECOMMENDE DED DED WITH RES			
NAME (PLEASE PRI	INT):				LIVATIONO		
DEPARTMENT:							
SIGNATURE:				_			
DATE:							
RETURN COMPI	LETED FORM		RTMENT	OF FINANCI	AL AID AND		
	DUE DATI	E. EDII			7 2017		

Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION CONFIDENTIAL

NAME OF APPLICANT			COLLEGE STUDENT ID #			
THE APPLICANT H	AS WAIVED HI	S/HER RIGHT TO	O VIEW TH	HIS RECOMM	ENDATION.	
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APPLICATION.	*****	*************	*****	**********	: ** *	
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MOTIVATION	[]	[]	[]	[]	[]	
INITIATIVE	[]	[]	[]	[]	[]	
EDUCATION AND/OR SCHOLARSHIP.	ANY OTHER FA	CTORS THAT MAY	ASSIST U	S IN AWARDIN	IG THIS	
THIS APPLICANT IS:	(CHECK ONE)		FRONGLY RECOMMENDED			
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DEPARTMENT: SIGNATURE:				_		
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Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION CONFIDENTIAL

NAME OF APPLICANT			COLLEGE STUDENT ID #			
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HOW LONG HAVE YO	U KNOWN THIS	S APPLICANT?	Y	EARS	_MONTHS	
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MOTIVATION	[]	[]	[]	[]	[]	
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NAME (PLEASE PRIN						
DEPARTMENT:						
Signature: Date:				-		
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