

TAFT COLLEGE COMMUNITY SCHOLARSHIP PROGRAM
INSTRUCTIONS AND DEADLINE
2016-2017 Academic Year

1. Be sure to complete all sections completely and legibly.
2. Be sure to enclose a 250 word biographical letter and **two (2) Faculty Evaluation Forms.**
3. All award recipients will be notified by mail at the address indicated on this application. Be certain to include a complete address.
4. **All applications and recommendation letters must be received in the Taft College Financial Aid Department no later than 4:00 p.m. on Friday, March 17, 2017. Applications and recommendation letters received after the deadline will not be considered.**

The Kern Division Retired Teachers Association Scholarship is only for graduating students wanting to pursue a career in Teaching. Applicants must be transferring to a California State University or University of California.

The Kern Division Retired Teachers Association Scholarship is a separate application. Applications are available in the Financial Aid & Scholarship office or online.

TAFT COLLEGE COMMUNITY SCHOLARSHIP APPLICATION

Incoming TC Student _____ Continuing TC Student _____ Grad/Transferring Student _____

Section A:

NAME: _____

COMPLETE ADDRESS: _____

PHONE NUMBER: _____ COLLEGE GPA: _____

H.S. ATTENDED: _____ COUNTY: _____

DO YOU OR HAVE YOU LIVED IN THE TAFT/MARICOPA COMMUNITY? _____

IF SO, HOW LONG? _____ WHEN? _____

DO YOU HAVE A FAMILY MEMBER WHO WORKS FOR TC? _____

IF SO WHO? _____

Section B:

PROPOSED MAJOR /FIELD OF STUDY: _____

WHERE DO YOU PLAN TO TRANSFER? _____

WHEN? _____

WHAT ARE YOUR LONG-TERM EDUCATIONAL PLANS? _____

WHAT ARE YOUR CAREER PLANS? _____

WHAT ARE YOUR PLANS FOR FUNDING YOUR EDUCATION? _____

**ORGANIZATIONS AND ACTIVITIES IN WHICH YOU HAVE PARTICIPATED
(High School or Community College)**

LEADERSHIP (offices held and awards received)

COMMUNITY (Activities - Church, Civic, Clubs, etc.)

Submit a biographical letter of approximately 250 words. This letter is very important as this may be the only contact you have with the committee. If there are any special circumstances, please indicate this in your letter.

Completed application may be submitted:

In person: Barbara Amerio, Taft College Financial Aid Department.

By mail to: Taft College, Attn: Barbara Amerio, 29 Cougar Court, Taft, CA 93268.

By e-mail to: bamerio@taftcollege.edu

I authorize the release of any and all personal information needed to review this application.

Applicant's Signature

Date

Student ID Number

Scholarship awards are based on full-time enrollment unless otherwise stated by the organization donating the scholarship.

Faculty Evaluation of Potential Scholarship Recipient

Student Name: _____ Faculty Member: _____

	Poor	Below Average	Average	Above Average	Excellent	N/A
Competence						
Decision-making skills	1	2	3	4	5	N/A
Organizational skills	1	2	3	4	5	N/A
Knowledge	1	2	3	4	5	N/A
Productivity	1	2	3	4	5	N/A
Initiative	1	2	3	4	5	N/A
Creativity	1	2	3	4	5	N/A
Verbal Communication	1	2	3	4	5	N/A
Written Communication	1	2	3	4	5	N/A
Professionalism						
Personal Appearance	1	2	3	4	5	N/A
Attitude	1	2	3	4	5	N/A
Punctuality	1	2	3	4	5	N/A
Dependability	1	2	3	4	5	N/A
Personal Attributes						
Enthusiasm	1	2	3	4	5	N/A
Persistence	1	2	3	4	5	N/A
Assertiveness	1	2	3	4	5	N/A
Motivation	1	2	3	4	5	N/A

Student's Strengths:

Student's Weaknesses and Suggestions for Improvement:

Faculty Signature

Date

PLEASE RETURN DIRECTLY TO THE FINANCIAL AID OFFICE BY: MARCH 17, 2017

Faculty Evaluation of Potential Scholarship Recipient

Student Name: _____ Faculty Member: _____

	Poor	Below Average	Average	Above Average	Excellent	N/A
Competence						
Decision-making skills	1	2	3	4	5	N/A
Organizational skills	1	2	3	4	5	N/A
Knowledge	1	2	3	4	5	N/A
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