TAFT COLLEGE COMMUNITY SCHOLARSHIP PROGRAM INSTRUCTIONS AND DEADLINE 2017-2018 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 16, 2018. 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:	COLLE	GE GPA:
H.S. ATTENDED:	COU	UNTY:
DO YOU OR HAVE YOU	LIVED IN THE TAFT/MARICO	PA COMMUNITY?
IF SO, HOW LONG?	WHEN	N?
DO YOU HAVE A FAMIL	Y MEMBER WHO WORKS FO	R TC?
IF SO WHO?		
ARE YOU OR WERE YOU	U A STUDENT ATHLETE AT T	AFT COLLEGE?
Section B:		
PROPOSED MAJOR /FIE	LD OF STUDY:	
WHERE DO YOU PLAN T	TO TRANSFER?	
WHEN?		
WHAT ARE YOUR LONG	G-TERM EDUCATIONAL PLAN	IS?
WHAT ARE YOUR CARE	CER PLANS?	
WHAT ARE YOUR PLAN	S FOR FUNDING YOUR EDUC	ATION?

ORGANIZATIONS AND ACTIVITIES IN WE (High School or Community College)	HICH YOU HAVE PARTICIPATED
LEADERSHIP (offices held and awards receive	ed)
COMMUNITY (Activities - Church, Civic, Clul	bs, etc.)
	words. This letter is very important as this may be the e are any special circumstances, please indicate this in
Completed application may be submitted: In person: Barbara Amerio, Taft College By mail to: Taft College, Attn: Barbara A By e-mail to: bamerio@taftcollege.edu	e Financial Aid Department. Amerio, 29 Cougar Court, Taft, CA 93268.
I authorize the release of any and all personal infor	rmation 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:
Student ID:	

	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 16, 2018

Faculty Evaluation of Potential Scholarship Recipient

Student Name:		raculty Member:				
Student ID:						
	D	Dala A array			= "	
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Motivation	1	2	3	4	5	N/A

Student's Strengths:

Student's Weaknesses and Suggestions for Improvement:

Faculty Signature Date

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