

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.
- 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.

2018-2019

Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION

****************	*********

SCHOLARSHIP DEADLINE:	March 15, 2019
**************	**********

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 2019-2020 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 <u>NOT</u> 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 2019-2020 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 2019, YOU SHOULD ASSUME THAT YOU WERE NOT SELECTED.

2018-2019 Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION

PERSONAL DATA (Please Print or Type)

LAST NAME	FIRST NAME		MI	STUDENT ID
CURRENT MAILING ADDRESS	Сіту	STATE	ZIP	PHONE NO.
PERMANENT MAILING ADDRESS	Сіту	STATE	ZIP	PHONE NO.
EMAIL ADDRESS:				
BIRTHDATE: / /		A GE:	MALE	FEMALE
High School:		GRADU	UATION DATE	:
LIST ALL PRIOR COLLEGES ATTEN	NDED AND INCL	UDE DATES	ATTENDED.	PROVIDE OUR OFFICE
				PROVIDE OUR OFFICE
WITH A COPY OF YOUR TRANSCR	IPT FROM EACH	I COLLEGE L	ISTED.	
WITH A COPY OF YOUR TRANSCR CURRENT MAJOR: ULTIMATE CAREER GOAL/FINAL	NTENDED M AJO	OR, IF DIFFEI	ISTED. RENT:	
WITH A COPY OF YOUR TRANSCR CURRENT MAJOR: ULTIMATE CAREER GOAL/FINAL CA COLLEGE OR UNIVERSITY YO	NTENDED MAJO DEGREE HOPIN	OR, IF DIFFER	RENT: N:	
CURRENT MAJOR: ULTIMATE CAREER GOAL/FINAL CA COLLEGE OR UNIVERSITY YO	NTENDED MAJO DEGREE HOPIN DU WILL ATTENIO DU WILL ATTENIO	OR, IF DIFFEING TO SPRING 2019	RENT: N: 9:)20:	
CURRENT MAJOR: ULTIMATE CAREER GOAL/FINAL CA COLLEGE OR UNIVERSITY YO (ADVISE THE OFFICE OF FINANC REGARDING THE SCHOOL YOU W	NTENDED MAJO DEGREE HOPIN U WILL ATTEND DU WILL ATTEND IAL AID & SCHO	OR, IF DIFFER NG TO ATTAI D FALL 2019 D SPRING 20 OLARSHIPS I	RENT: N:):)20: IF YOUR PLAN	IS SHOULD CHANGE
CURRENT MAJOR:II ULTIMATE CAREER GOAL/FINAL CA COLLEGE OR UNIVERSITY YO (ADVISE THE OFFICE OF FINANC REGARDING THE SCHOOL YOU W	NTENDED MAJO DEGREE HOPIN DU WILL ATTEND DU WILL ATTEND IAL AID & SCHO	OR, IF DIFFER OR, IF DIFFER OF ALL 2019 OSPRING 20 OLARSHIPS I	RENT: N:):)20: IF YOUR PLAN	IS SHOULD CHANGE
CURRENT MAJOR: ULTIMATE CAREER GOAL/FINAL CA COLLEGE OR UNIVERSITY YO (ADVISE THE OFFICE OF FINANC	NTENDED MAJO NTENDED MAJO DEGREE HOPIN DU WILL ATTEND IAL AID & SCHO ILL BE ATTENDI O? []YES [] PART-TIME	OR, IF DIFFER OR, IF DIFFER OFALL 2019 OFALL 2019 OLARSHIPS ING FALL 20 ING FALL 20	RENT: N: D: D20: IF YOUR PLAN D19/SPRING 2	IS SHOULD CHANGE

IF YES, LIST NAME OF PARENT:
IF YOU HAVE A DISABILITY, DO YOU WISH TO BE CONSIDERED FOR SCHOLARSHIPS FOR STUDENTS WITH A DISABILITY? [] YES [] NO [] NOT APPLICABLE
Page 2
Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION
COLLEGE AND COMMUNITY ACTIVITIES
INDICATE BELOW YOUR COLLEGE ACTIVITIES, INCLUDING CLUB MEMBERSHIP, OFFICES HELD, SCHOLARSHIPS, AWARDS, HONORS, SPORTS, AND/OR RECOGNITION YOU HAVE RECEIVED.
INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGANIZATIONS, CHURCH, CLUBS, VOLUNTEER WORK, ETC.
I AM ASKING THE FOLLOWING INSTRUCTORS TO SUBMIT RECOMMENDATIONS IN SUPPORT OF MY APPLICATION FOR SCHOLARSHIP:
1
2

AS A SCHOLARSHIP APPLICANT, I HEREBY RELEASE INFORMATION CONTAINED ON THIS APPLICATION AS WELL AS MY ACADEMIC TRANSCRIPTS TO CAMPUS PERSONNEL AND/OR PRIVATE DONORS AS MAY BE REQUIRED IN CONNECTION WITH SECURING A SCHOLARSHIP FOR ME. IN ADDITION, I WAIVE MY RIGHT TO ACCESS AND REVIEW CONFIDENTIAL RECOMMENDATIONS ACQUIRED FOR PURPOSES OF DETERMINING AND GRANTING THIS SCHOLARSHIP. I UNDERSTAND THAT SCHOLARSHIPS MAY BE DENIED IF ANY INFORMATION REPORTED ON THIS APPLICATION IS FOUND TO BE INTENTIONALLY MISLEADING OR 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	GES OF
CHILDREN:	
STUDENT'S 2017 ADJUSTED GROSS INCOME: INCOME IF MARRIED)	\$ (INCLUDE SPOUSE'S
IF YOU LIVE WITH YOUR PARENTS AND/OR WERE CLA YOUR PARENT'S TAX RETURN, THEN COMPLETE THE	
PARENT INFORMATION:	
FATHER:MOTHER	
ADDRESS:ADDRES	
CITY:CITY:	
EMPLOYER:EMPLOY	
PARENT'S MARITAL STATUS: [] MARRIED	
[] WIDOWED	J BOTH DECEASED
NOTE: If PARENTS ARE SEPARATED OR DIVORCED, LIST ON PARENTS' 2017 ADJUSTED GROSS INCOME:	
FAMILY SIZE (NUMBER OF INDIVIDUALS IN YOUR IMITOTAL NUMBER OF IMMEDIATE FAMILY MEMBERS WINCOME, WHO WILL BE ATTENDING COLLEGE IN 201 WHERE DO YOU PLAN TO LIVE DURING THE 2019-2 [] WITH PARENTS [] IN OWN HOME/APARTMEN (EXPLAIN):	MEDIATE FAMILY, INCLUDE YOURSELF) HO ARE SUPPORTED BY THE FAMILY 19-2020: 020 ACADEMIC YEAR?
*** FOR STATISTICAL	PURPOSES ***
RACIAL/ETHNIC BREAKDOWN (CHECK ONE):	
	[]CAUCASIAN []ASIAN []FILIPINO []
ARE YOU A UNITED STATES CITIZEN? [1YES [1	Ino

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

NAME OF APPLICANT			COLLEGE STUDENT ID#			
THE APPLICANT H YOUR ASSESSMEN APPLICATION.	NT OF THIS CAN	•	TTAL IMPO	ORTANCE TO	THE	
How long have you known this applicant? What is the basis for your recommendation?		YEARSMONTHSCLASSROOM CONTACTCOUNSELING RELATIONSHIPCO-CURRICULAR ACTIVITIES				
PLEASE RATE THE	APPLICANT ON 1	THE FOLLOWING	ATTRIBUTE	S:	NO	
POTENTIAL	EXCELLENT	GOOD []	FAIR	POOR	KNOWLEDGE	
MOTIVATION	[]	[]	[]	[]	[]	
INITIATIVE	[]	[]	[]	[]	[]	
PROVIDE ADDITION EDUCATION AND/O SCHOLARSHIP.						
THIS APPLICANT IS	,	F	RECOMMEN	RECOMMENDI DED DED WITH RE		
NAME (PLEASE PRI	NT):			-		
DEPARTMENT:						
SIGNATURE:				_		
DATE:						
RETURN COMPI	LETED FORM	TO THE DEPAI	RTMENT	OF FINANC	IAL AID AND	
SCHOLARSHIPS	6					

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

NAME OF APPLICANT			COLLEGE STUDENT ID #		
THE APPLICANT					
YOUR ASSESSME APPLICATION.	NT OF THIS CAN	IDIDATE IS OF V	TAL IMPO	DRTANCE TO	THE
	*****	******	*****	* ***	***
How Long have	YOU KNOWN THIS	S APPLICANT?		'EARS	_Months
WHAT IS THE BASI	S FOR YOUR REC	OMMENDATION?			CONTACT RELATIONSHIP AR ACTIVITIES
PLEASE RATE THE	APPLICANT ON T	THE FOLLOWING A	TTRIBUTE	s:	
	EXCELLENT	GOOD	FAIR	POOR	NO KNOWLEDGE
POTENTIAL	[]	[]	[]	[]	[]
MOTIVATION	[]	[]	[]	[]	[]
INITIATIVE	[]	[]	[]	[]	[]
EDUCATION AND/C SCHOLARSHIP.	OR ANY OTHER FA	ACTORS THAT MAY	Y ASSIST U	S IN AWARDIN	IG THIS
THIS APPLICANT IS	S: (CHECK ONE)	R	ECOMMEN	RECOMMENDI DED DED WITH RE	
NAME (PLEASE PR	INT):			_	
DEPARTMENT:					
SIGNATURE:			 	_	
DATE:					
RETURN COMP SCHOLARSHIP		TO THE DEPAR	RTMENT	OF FINANC	IAL AID AND
	DUE DATI	E: FRIC	AY. N	IARCH ⁴	15, 2019

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

Name of Applicant			COLLEGE STUDENT ID #			
THE APPLICANT HAYOUR ASSESSMENT APPLICATION.	Γ OF THIS CAN		ITAL IMPO	ORTANCE TO	ТНЕ	
How long have you known this applicant?			Y	EARS	_MONTHS	
WHAT IS THE BASIS	FOR YOUR REC	OMMENDATION?			CONTACT RELATIONSHIP AR ACTIVITIES	
PLEASE RATE THE A	PPLICANT ON 1	THE FOLLOWING A	TTRIBUTE	s:		
POTENTIAL	EXCELLENT []	GOOD	FAIR	POOR	NO KNOWLEDGE []	
MOTIVATION	[]	[]	[]	[]	[]	
NITIATIVE	[]	[]	[]	[]	[]	
PROVIDE ADDITIONA EDUCATION AND/OR SCHOLARSHIP.						
THIS APPLICANT IS:	(CHECK ONE)	R	ECOMMEN	RECOMMENDE DED DED WITH RES		
Name (PLEASE PRIN	т):					
DEPARTMENT:		 				
SIGNATURE:				_		
DATE:						
RETURN COMPLI SCHOLARSHIPS.		TO THE DEPAR	RTMENT	OF FINANC	IAL AID AND	
D	UE DATI	E: FRIC	AY, M	IARCH 1	15, 2019	