



**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.

**2019-2020**  
**Cal RETIRED TEACHERS' ASSOC.,**  
**KERN DIVISION SCHOLARSHIP APPLICATION**

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**SCHOLARSHIP DEADLINE: March 20, 2020**

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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 AND 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 2020-2021 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 2020-2021 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 2020, YOU SHOULD ASSUME THAT YOU WERE NOT SELECTED.**

**2019-2020**  
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**PERSONAL DATA (Please Print or Type)**

|  |                   |  |                     |
|--|-------------------|--|---------------------|
| <hr/>  | <hr/>             | <hr/>  | <hr/>               |
| <b>LAST NAME</b>   | <b>FIRST NAME</b> | <b>MI</b>  | <b>STUDENT ID #</b> |
| <hr/>  |                   |  |                     |
| <b>CURRENT MAILING ADDRESS</b>   | <b>CITY</b>       | <b>STATE</b>   | <b>ZIP</b>          |
|  |                   |  | <b>PHONE NO.</b>    |
| <hr/>  |                   |  |                     |
| <b>PERMANENT MAILING ADDRESS</b>   | <b>CITY</b>       | <b>STATE</b>   | <b>ZIP</b>          |
|  |                   |  | <b>PHONE NO.</b>    |
| <hr/>  |                   |  |                     |
| <b>EMAIL ADDRESS:</b> _____  |                   |  |                     |
| <hr/>  |                   |  |                     |
| <b>BIRTHDATE:</b> ____ / ____ / ____   |                   | <b>AGE:</b> ____ <b>MALE</b> ____ <b>FEMALE</b> ____ |                     |
| <hr/>  |                   |  |                     |
| <b>HIGH SCHOOL:</b> _____  |                   | <b>GRADUATION DATE:</b> _____                        |                     |
| <hr/>  |                   |  |                     |
| <b>LIST ALL PRIOR COLLEGES ATTENDED AND INCLUDE DATES ATTENDED. PROVIDE OUR OFFICE WITH A COPY OF YOUR TRANSCRIPT FROM EACH COLLEGE LISTED.</b>              |                   |  |                     |
| _____  |                   |  |                     |
| _____  |                   |  |                     |
| <hr/>  |                   |  |                     |
| <b>CURRENT MAJOR:</b> _____  |                   | <b>INTENDED MAJOR, IF DIFFERENT:</b> _____           |                     |
| <b>ULTIMATE CAREER GOAL/FINAL DEGREE HOPING TO ATTAIN:</b> _____   |                   |  |                     |
| <b>CA COLLEGE OR UNIVERSITY YOU WILL ATTEND FALL 2020:</b> _____   |                   |  |                     |
| <b>CA COLLEGE OR UNIVERSITY YOU WILL ATTEND SPRING 2021:</b> _____   |                   |  |                     |
| <b>(ADVISE THE OFFICE OF FINANCIAL AID &amp; SCHOLARSHIPS IF YOUR PLANS SHOULD CHANGE REGARDING THE SCHOOL YOU WILL BE ATTENDING FALL 2020/SPRING 2021.)</b> |                   |  |                     |
| <hr/>  |                   |  |                     |
| <b>ARE YOU CURRENTLY EMPLOYED? [ ] YES [ ] NO</b>  |                   |  |                     |
| <b>IF YES, ARE YOU EMPLOYED [ ] PART-TIME [ ] FULL-TIME</b>  |                   |  |                     |
| <b>NAME OF EMPLOYER:</b> _____   |                   |  |                     |
| <hr/>  |                   |  |                     |
| <b>IS EITHER OF YOUR PARENTS EMPLOYED BY THIS COLLEGE OR UNIVERSITY? [ ] YES [ ] NO</b>  |                   |  |                     |
| <b>IF YES, LIST NAME OF PARENT:</b> _____  |                   |  |                     |
| <hr/>  |                   |  |                     |
| <b>IF YOU HAVE A DISABILITY, DO YOU WISH TO BE CONSIDERED FOR SCHOLARSHIPS FOR STUDENTS WITH A DISABILITY? [ ] YES [ ] NO [ ] NOT APPLICABLE</b>             |                   |  |                     |

**COLLEGE AND COMMUNITY ACTIVITIES**

INDICATE BELOW YOUR COLLEGE ACTIVITIES, INCLUDING CLUB MEMBERSHIP, OFFICES HELD, SCHOLARSHIPS, AWARDS, HONORS, SPORTS, AND/OR RECOGNITION YOU HAVE RECEIVED.

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INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGANIZATIONS, CHURCH, CLUBS, VOLUNTEER WORK, ETC.

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I AM ASKING THE FOLLOWING INSTRUCTORS TO SUBMIT RECOMMENDATIONS IN SUPPORT OF MY APPLICATION FOR SCHOLARSHIP:

1. \_\_\_\_\_
2. \_\_\_\_\_

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**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







