

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.

- 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.

2020-2021

Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION

SCHOLARSHIP DEADLINE: March 19, 2021

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 2021-2022 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 2021-2022 ACADEMIC YEAR. IT IS RECOMMENDED RECIPIENTS SEND A NOTE OF APPRECIATION TO DONOR(S) LISTED ON THE AWARD LETTER. IF YOU HAVE NOT RECEIVED AN AWARD LETTER BY JUNE 2021, YOU SHOULD ASSUME YOU WERE NOT SELECTED.

2020-2021

Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION

PERSONAL DATA (Please Print or Type)

| , | <u> </u> | | | |
|--|--|--|--|-------------------------|
| LAST NAME | FIRST NAME | | MI | STUDENT ID # |
| CURRENT MAILING ADDRESS | Сітү | STATE | ZIP | PHONE NO. |
| PERMANENT MAILING ADDRESS | Сітү | STATE | ZIP | PHONE NO. |
| EMAIL ADDRESS: | | | | |
| BIRTHDATE: / | <u>/</u> | Age: _ | | MaleFEMALE |
| High School: | | GF | RADUAT | ION DATE: |
| LIST ALL PRIOR COLLEGES ATTI WITH A COPY OF YOUR TRANSCI | | | | DED. PROVIDE OUR OFFICE |
| CURRENT MAJOR: ULTIMATE CAREER GOAL/FINAL CA COLLEGE OR UNIVERSITY YOU (ADVISE THE OFFICE OF FINANCE REGARDING THE SCHOOL YOU WE ARE YOU CURRENTLY EMPLOYE | DEGREE HOPINOU WILL ATTENDOU WILL ATTENDOUS SCHOOL BE ATTENDOUS TO THE BE ATTENDOUS TO | IG TO ATTAID FALL 202 D SPRING 20 OLARSHIPS ING FALL 20 | N: 1: 022: IF YOUF 021/SPI | R PLANS SHOULD CHANGE |
| IF YES, ARE YOU EMPLOYED NAME OF EMPLOYER: IS EITHER OF YOUR PARENTS EN IF YES, LIST NAME OF PA | MPLOYED BY THI | S COLLEGE | | VERSITY? []YES []NO |
| 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 MEMBERS SCHOLARSHIPS, AWARDS, HONORS, SPORTS, AND/OR RECOGNITION YOU | • |
|---|----------------------|
| | |
| | |
| INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGAN | IZATIONS. CHURCH. |
| CLUBS, VOLUNTEER WORK, ETC. | |
| | |
| | |
| | |
| I AM ASKING THE FOLLOWING INSTRUCTORS TO SUBMIT RECOMMENDATION FOR SCHOLARSHIP: | ONS IN SUPPORT OF MY |
| 1 2 | |
| ******************* | ***** |
| AS A SCHOLARSHIP APPLICANT, I HEREBY RELEASE INFORMATHIS APPLICATION AS WELL AS MY ACADEMIC TRANSCRIPTS TO CAMPUS PRIVATE DONORS AS MAY BE REQUIRED IN CONNECTION WITH SECURING | PERSONNEL AND/OR |
| ME. IN ADDITION, I WAIVE MY RIGHT TO ACCESS AND REVIEW CONFIDEN RECOMMENDATIONS ACQUIRED FOR PURPOSES OF DETERMINING AND G | TIAL |
| SCHOLARSHIP. I UNDERSTAND THAT SCHOLARSHIPS MAY BE DENIED IF REPORTED ON THIS APPLICATION IS FOUND TO BE INTENTIONALLY MISLINACCURATE. | ANY INFORMATION |
| SIGNATURE OF APPLICANT | DATE |

FINANCIAL INFORMATION

| STUDENT'S NAME: | _ COLLEGE ID# |
|---|---|
| STUDENT INFORMATION: | |
| STUDENT'S MARITAL STATUS: [] SINGLE [] DIVORCED | []WIDOWED |
| NUMBER OF DEPENDENT CHILDREN: A | IGES OF |
| CHILDREN: | |
| STUDENT'S 2019 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 | |
| PARENT'S MARITAL STATUS: [] MARRIED [] WIDOWED | [] BOTH DECEASED |
| NOTE: If PARENTS ARE SEPARATED OR DIVORCED, LIST OF PARENTS' 2019 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 2021-2 [] WITH PARENTS [] IN OWN HOME/APARTME (EXPLAIN): | WHO ARE SUPPORTED BY THE FAMILY 21-2022:2022 ACADEMIC YEAR? |
| *** For Statistical | Purposes *** |
| RACIAL/ETHNIC BREAKDOWN (CHECK ONE): | |
| [] AMERICAN INDIAN [] AFRICAN AMERICAN [] HISPANIC [] PACIFIC-ISLANDER OTHER | []CAUCASIAN []ASIAN []FILIPINO [] |
| 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 I YOUR ASSESSMENT APPLICATION. | | IDIDATE IS OF | VITAL IMPO | ORTANCE TO | ГНЕ | | |
| How Long Have Y What is the basi PLEASE RATE THE | OU KNOWN THIS S FOR YOUR REC | S APPLICANT? COMMENDATION | ? | PEARS CLASSROOM COUNSELING I | _MONTHS | | |
| PLEASE RATE THE | APPLICANT ON I | HE FOLLOWING | AIIKIBUIE | :5. | NO | | |
| | EXCELLENT | GOOD | FAIR | POOR | KNOWLEDGE | | |
| POTENTIAL | [] | [] | [] | [] | [] | | |
| MOTIVATION | [] | [] | [] | [] | [] | | |
| INITIATIVE | [] | [] | [] | [] | [] | | |
| PROVIDE ADDITION EDUCATION AND/O SCHOLARSHIP. | | | | | | | |
| THIS APPLICANT IS | S: (CHECK ONE) | | RECOMMEN | RECOMMENDE IDED IDED WITH RES | | | |
| NAME (PLEASE PR | INT): | | | _ | | | |
| DEPARTMENT: | | | | | | | |
| SIGNATURE: | | | | _ | | | |
| DATE: | | | | | | | |
| RETURN COMP | | TO THE DEPA | RTMENT | OF FINANCI | AL AID AND | | |

DUE DATE: FRIDAY, MARCH 19, 2021 BY 4:30 pm

Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION C O N F I D E N T I A L

| N | NAME OF APPLICANT | | | COLLEGE STUDENT ID # | | | |
|---|---------------------------------|---------------------------------------|--|--|---------------------|--|--|
| | O VIEW THIS RECOMMENDATION. | | | | | | |
| Your assessmen | | | | | | | |
| APPLICATION. | | | | | | | |
| *** | ***** | * ****** | ***** | ***** | *** | | |
| HOW LONG HAVE Y | OU KNOWN THIS | APPLICANT? | Y | EARS | _MONTHS | | |
| WHAT IS THE BASIS | FOR YOUR REC | OMMENDATION? | C | LASSROOM C | CONTACT | | |
| | | | COUNSELING RELATIONSHIP CO-CURRICULAR ACTIVITIES | | | | |
| | | | | | | | |
| PLEASE RATE THE A | ADDI IOANT ON T | HE FOLLOWING | TTDIDLITE | · | | | |
| FLEASE RATE THE | APPLICANT ON I | HE FOLLOWING A | ITRIBUTE | . | NO | | |
| | EXCELLENT | GOOD | FAIR | POOR | KNOWLEDGE | | |
| POTENTIAL | [] | [] | [] | [] | [] | | |
| | | | | | | | |
| MOTIVATION | [] | [] | [] | [] | [] | | |
| INITIATIVE | [] | [] | [] | [] | [] | | |
| INITIATIVE PROVIDE ADDITION EDUCATION AND/OI | [] AL COMMENTS (| [] ON THE APPLICAN | [] IT'S DESIRI | [] E TO FURTHER | [] | | |
| MOTIVATION INITIATIVE PROVIDE ADDITION EDUCATION AND/OI SCHOLARSHIP. THIS APPLICANT IS: | [] AL COMMENTS (R ANY OTHER FA | [] ON THE APPLICAN ACTORS THAT MAY | [] IT'S DESIRI ASSIST US | [] E TO FURTHER S IN AWARDIN | [] R HIS/HER G THIS | | |
| PROVIDE ADDITION EDUCATION AND/OISCHOLARSHIP. THIS APPLICANT IS: | [] AL COMMENTS (R ANY OTHER FA | [] ON THE APPLICAN ACTORS THAT MAYSR | [] IT'S DESIRI ASSIST US TRONGLY FECOMMENI | [] E TO FURTHER S IN AWARDIN | [] R HIS/HER G THIS | | |
| PROVIDE ADDITION EDUCATION AND/OISCHOLARSHIP. THIS APPLICANT IS: | [] AL COMMENTS OF ANY OTHER FA | [] ON THE APPLICAN ACTORS THAT MAYSSR | [] IT'S DESIRI ASSIST US TRONGLY FECOMMENI | [] E TO FURTHER S IN AWARDIN RECOMMENDE DED | [] R HIS/HER G THIS | | |
| PROVIDE ADDITION EDUCATION AND/OISCHOLARSHIP. THIS APPLICANT IS: NAME (PLEASE PRIIDEPARTMENT: | [] AL COMMENTS (R ANY OTHER FA | [] ON THE APPLICAN ACTORS THAT MAYSR | [] IT'S DESIRI ASSIST US TRONGLY FECOMMENI | [] E TO FURTHER S IN AWARDIN RECOMMENDE DED | [] R HIS/HER G THIS | | |
| INITIATIVE PROVIDE ADDITION EDUCATION AND/OI SCHOLARSHIP. | [] AL COMMENTS (R ANY OTHER FA | [] ON THE APPLICAN ACTORS THAT MAYSR | [] IT'S DESIRI ASSIST US TRONGLY FECOMMENI | [] E TO FURTHER S IN AWARDIN RECOMMENDE DED | [] R HIS/HER G THIS | | |

DUE DATE: FRIDAY, MARCH 19, 2021 BY 4:30 pm

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

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|--|----------------|--------------|-----------------------------------|----------------------|--|--|--|
| NAME OF APPLICANT | | | | COLLEGE STUDENT ID # | | | |
| THE APPLICANT I YOUR ASSESSMENT APPLICATION. | NT OF THIS CAN | , | TTAL IMPO | RTANCE TO | ГНЕ | | |
| HOW LONG HAVE Y | OU KNOWN THIS | S APPLICANT? | Y | EARS | _Монтнѕ | | |
| V HAT IS THE BASIS | S FOR YOUR REC | OMMENDATION? | C | | CONTACT RELATIONSHIP AR ACTIVITIES | | |
| PLEASE RATE THE | APPLICANT ON T | HE FOLLOWING | ATTRIBUTE | s: | | | |
| POTENTIAL | EXCELLENT | GOOD [] | FAIR | POOR | NO KNOWLEDGE [] | | |
| MOTIVATION | [] | [] | [] | [] | [] | | |
| NITIATIVE | [] | [] | [] | [] | [] | | |
| PROVIDE ADDITION EDUCATION AND/OSCHOLARSHIP. | | | | | | | |
| `F | | RECOMMEN | RECOMMENDE DED DED WITH RES | | | | |
| NAME (PLEASE PR | INT): | | | | | | |
| DEPARTMENT: | | | | | | | |
| SIGNATURE: | | | | - | | | |
| DATE: | | | | | | | |
| RETURN COMPI SCHOLARSHIPS | | TO THE DEPAI | RTMENT | OF FINANCI | AL AID AND | | |

DUE DATE: FRIDAY, MARCH 19, 2021 BY 4:30 pm