

# TAFT COLLEGE COMMUNITY SCHOLARSHIP APPLICATION

Incoming Student \_\_\_\_\_ Continuing Student \_\_\_\_\_ Graduating Student \_\_\_\_\_

## Section A:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

H.S. ATTENDED \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CUMULATIVE H/S GPA \_\_\_\_\_

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

IF SO, HOW LONG? \_\_\_\_\_ WHEN? \_\_\_\_\_

## Section B:

PROPOSED MAJOR /FIELD OF STUDY \_\_\_\_\_

WHERE DO YOU PLAN TO TRANSFER? \_\_\_\_\_

WHEN? \_\_\_\_\_

WHAT ARE YOUR LONG-TERM EDUCATIONAL PLANS? \_\_\_\_\_

WHAT ARE YOUR VOCATIONAL 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)**

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

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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.

**Return the completed application in person to the Taft College Financial Aid Department. By mail to: Taft College Attn: Financial Aid Dept. 29 Emmons Park Drive, Taft CA 93268. By e-mail to: [bwingler@taftcollege.edu](mailto:bwingler@taftcollege.edu)**

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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