



Kern Division
Retired Teachers' Scholarship Association

Criteria for Selection of Scholarship Recipients
California Colleges and Universities

Each student shall: (All applicants must receive a copy of this.)

1. Be a citizen of the United States of America.
2. Have a high academic standing as evidenced by a transcript of studies. Submit a transcript of your grades with this application.
3. Submit two letters of recommendation of which one must be from a college or university faculty member.
4. Have successfully completed two or more years of college or university studies in preparation for a professional career in the field of education, must be accepted into the Teacher Credentialing Program. Three classes or more are required per semester/quarter.
5. Submit an autobiographical essay and resume of your future plans written as a college paper. You need to show that 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. Indicate your preferred teaching subject and grade level interest.
6. Submit evidence of financial need.

2024-2025
Cal RETIRED TEACHERS' ASSOC.,
KERN DIVISION SCHOLARSHIP APPLICATION

SCHOLARSHIP DEADLINE: FRIDAY, MARCH 15, 2024

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 & SCHOLARSHIPS 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 2024-2025 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 2024-2025 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 2024, YOU SHOULD ASSUME THAT YOU WERE NOT SELECTED.

2024-2025
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PERSONAL DATA (Please Print or Type)

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LAST NAME	FIRST NAME	MI	STUDENT ID #	
<hr/>				
CURRENT MAILING ADDRESS	CITY	STATE	ZIP	PHONE NO.
<hr/>				
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP	PHONE NO.
EMAIL ADDRESS _____				
BIRTHDATE: ____/____/____ AGE: _____ MALE ____ FEMALE ____				
HIGH SCHOOL: _____ GRADUATION DATE: _____				
<p>LIST ALL PRIOR COLLEGES ATTENDED AND INCLUDE DATES ATTENDED. PROVIDE OUR OFFICE WITH A COPY OF YOUR TRANSCRIPT FROM EACH COLLEGE LISTED.</p> <hr/> <hr/> <hr/>				
CURRENT MAJOR: _____ INTENDED MAJOR, IF DIFFERENT: _____				
ULTIMATE CAREER GOAL/FINAL DEGREE HOPING TO ATTAIN: _____ CA				
COLLEGE OR UNIVERSITY YOU WILL ATTEND FALL 2024: _____				
CA COLLEGE OR UNIVERSITY YOU WILL ATTEND SPRING 2025: _____				
(ADVISE THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS IF YOUR PLANS SHOULD CHANGE REGARDING THE SCHOOL YOU WILL BE ATTENDING FALL 2024/SPRING 2025.)				
ARE YOU CURRENTLY EMPLOYED? [] YES [] NO				
IF YES, ARE YOU EMPLOYED? [] PART-TIME [] FULL-TIME				
NAME OF EMPLOYER: _____				
IS EITHER OF YOUR PARENTS EMPLOYED BY THIS COLLEGE OR UNIVERSITY? [] YES [] NO				
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				

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: _____ STUDENT ID # _____

STUDENT INFORMATION:

STUDENT'S MARITAL STATUS: SINGLE MARRIED SEPARATED
 DIVORCED WIDOWED

NUMBER OF DEPENDENT CHILDREN: _____ AGES OF CHILDREN: _____

STUDENT'S 2023 ADJUSTED GROSS INCOME: \$ _____ (INCLUDE SPOUSE'S INCOME IF MARRIED)

IF YOU LIVE WITH YOUR PARENTS AND/OR WERE CLAIMED AS A DEPENDENT OR EXEMPTION ON YOUR PARENT'S TAX RETURN, THEN COMPLETE THE PARENT INFORMATION BELOW.

PARENT INFORMATION:

FATHER: _____ MOTHER: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ CITY: _____

EMPLOYER: _____ EMPLOYER: _____

PARENT'S MARITAL STATUS: MARRIED SEPARATED DIVORCED
 WIDOWED BOTH DECEASED

NOTE: IF PARENTS ARE SEPARATED OR DIVORCED, LIST ONLY CUSTODIAL PARENT'S INCOME.

PARENTS' 2023 ADJUSTED GROSS INCOME: \$ _____

FAMILY SIZE (NUMBER OF INDIVIDUALS IN YOUR IMMEDIATE FAMILY, INCLUDE YOURSELF) _____

TOTAL NUMBER OF IMMEDIATE FAMILY MEMBERS WHO ARE SUPPORTED BY THE FAMILY INCOME, WHO WILL BE ATTENDING COLLEGE IN 2024-2025: _____

WHERE DO YOU PLAN TO LIVE DURING THE 2024-2025 ACADEMIC YEAR?

WITH PARENTS IN OWN HOME/APARTMENT OTHER (EXPLAIN): _____

*** FOR STATISTICAL PURPOSES ***

ARE YOU A UNITED STATES CITIZEN? YES NO

