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. 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.

SCHOLARSHIP DEADLINE: FRIDAY, MARCH 18, 2022

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 2022-2023 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 2022-2023 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 2022, YOU SHOULD ASSUME THAT YOU WERE NOT SELECTED.
2022-2023
Cal RETIRED TEACHERS’ ASSOC.,
KERN DIVISION SCHOLARSHIP APPLICATION

PERSONAL DATA (Please Print or Type)

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<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>STUDENT ID #</th>
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EMAIL ADDRESS

BIRTHDATE: _____ / _____ / _____  AGE: _____  MALE____ FEMALE____

HIGH SCHOOL: ____________________________  GRADUATION DATE: __________

LIST ALL PRIOR COLLEGES ATTENDED AND INCLUDE DATES ATTENDED. PROVIDE OUR OFFICE WITH A COPY OF YOUR TRANSCRIPT FROM EACH COLLEGE LISTED.

CURRENT MAJOR: ________________  INTENDED MAJOR, IF DIFFERENT: ________________

ULTIMATE CAREER GOAL/FINAL DEGREE HOPING TO ATTAIN: ____________________________

CA COLLEGE OR UNIVERSITY YOU WILL ATTEND FALL 2022: ____________________________

CA COLLEGE OR UNIVERSITY YOU WILL ATTEND SPRING 2023: ____________________________

(ADVISE THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS IF YOUR PLANS SHOULD CHANGE REGARDING THE SCHOOL YOU WILL BE ATTENDING FALL 2022/SPRING 2023.)

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.**

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<th>Activity 1</th>
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**INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGANIZATIONS, CHURCH, CLUBS, VOLUNTEER WORK, ETC.**

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<th>Activity 1</th>
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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 2021 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’ 2021 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 2022-2023: _______

WHERE DO YOU PLAN TO LIVE DURING THE 2022-2023 ACADEMIC YEAR?

[ ] WITH PARENTS    [ ] IN OWN HOME/APARTMENT    [ ] OTHER (EXPLAIN): ___________________________

*** FOR STATISTICAL PURPOSES ***

ARE YOU A UNITED STATES CITIZEN? [ ] YES    [ ] NO
Cal RETIRED TEACHERS’ ASSOC.,
KERN DIVISION SCHOLARSHIP APPLICATION
CONFIDENTIAL

_____________________________  _______________________
NAME OF APPLICANT                STUDENT ID #

THE APPLICANT HAS WAIVED HIS/HER RIGHT TO VIEW THIS Recommendation. YOUR ASSESSMENT
OF THIS CANDIDATE IS OF Vital IMPORTANCE TO THE APPLICATION.

*******************************************************************************
HOW LONG HAVE YOU KNOWN THIS APPLICANT?  _____Years  _____Months
WHAT IS THE BASIS FOR YOUR RECOMMENDATION?
   _____CLASSROOM CONTACT
   _____COUNSELING RELATIONSHIP
   _____CO-CURRICULAR ACTIVITIES

PLEASE RATE THE APPLICANT ON THE FOLLOWING ATTRIBUTES:

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<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
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<tr>
<td>POTENTIAL</td>
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<td>MOTIVATION</td>
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<td>INITIATIVE</td>
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PROVIDE ADDITIONAL COMMENTS ON THE APPLICANT’S DESIRE TO FURTHER HIS/HER EDUCATION AND/OR ANY
OTHER FACTORS THAT MAY ASSIST US IN AWARDING THIS SCHOLARSHIP.
____________________________________________________________________________________
____________________________________________________________________________________

THIS APPLICANT IS: (CHECK ONE)  _____STONGLY RECOMMENDED
   _____RECOMMENDED
   _____RECOMMENDED WITH RESERVATIONS

NAME (PLEASE PRINT): __________________________ DEPARTMENT: __________________________

SIGNATURE: __________________________        DATE: __________________________

RETURN COMPLETED FORM DIRECTLY TO THE DEPARTMENT OF FINANCIAL AID AND
SCHOLARSHIPS

DUE DATE:  FRIDAY, MARCH 18, 2022
Cal RETIRED TEACHERS’ ASSOC.,
KERN DIVISION SCHOLARSHIP APPLICATION
CONFIDENTIAL

NAME OF APPLICANT ______________________________ STUDENT ID # _______________________

THE APPLICANT HAS WAIVED HIS/HER RIGHT TO VIEW THIS RECOMMENDATION. YOUR ASSESSMENT
OF THIS CANDIDATE IS OF VITAL IMPORTANCE TO THE APPLICATION.

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

HOW LONG HAVE YOU KNOWN THIS APPLICANT? _____YEARS _____MONTHS

WHAT IS THE BASIS FOR YOUR RECOMMENDATION? _____CLASSROOM CONTACT
_____COUNSELING RELATIONSHIP
_____CO-CURRICULAR ACTIVITIES

PLEASE RATE THE APPLICANT ON THE FOLLOWING ATTRIBUTES:

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<th>Attribute</th>
<th>Excellent</th>
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<th>Fair</th>
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OTHER FACTORS THAT MAY ASSIST US IN AWARDING THIS SCHOLARSHIP.

____________________________________________________________________________________
____________________________________________________________________________________

THIS APPLICANT IS: (CHECK ONE) _____STRONGLY RECOMMENDED
_____RECOMMENDED
_____RECOMMENDED WITH RESERVATIONS

NAME (PLEASE PRINT): ___________________________ DEPARTMENT: ___________________________

SIGNATURE: ___________________________ DATE: ___________________________

RETURN COMPLETED FORM DIRECTLY TO THE DEPARTMENT OF FINANCIAL AID AND
SCHOLARSHIPS.

DUE DATE: FRIDAY, MARCH 18, 2022
Name of Applicant: ____________________________ Student ID #: ____________________________

The applicant has waived his/her right to view this recommendation. Your assessment of this candidate is of vital importance to the application.

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

How long have you known this applicant? _____Years _____Months

What is the basis for your recommendation? _____Classroom Contact
_____Counseling Relationship
_____Co-Curricular Activities

Please rate the applicant on the following attributes:

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<th>Potential</th>
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<th>Poor</th>
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<th>Motivation</th>
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<th>Initiative</th>
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Provide additional comments on the applicant’s desire to further his/her education and/or any other factors that may assist us in awarding this scholarship.

____________________________________________________________________________________________

____________________________________________________________________________________________

This applicant is: (Check one) _____Strongly Recommended
_____Recommended
_____Recommended with reservations

Name (please print): ____________________________ Department: ____________________________

Signature: ____________________________ Date: ____________________________

Return completed form directly to the department of financial aid and scholarships.

Due Date: FRIDAY, MARCH 18, 2022