

TAFT COLLEGE COMMUNITY SCHOLARSHIP PROGRAM  
INSTRUCTIONS AND DEADLINE  
2018-2019 ACADEMIC YEAR

1. Be sure to complete all sections completely and legibly.
2. Be sure to enclose a 250 word biographical letter and **two (2) Faculty Evaluation Forms.**
3. All award recipients will be notified by mail at the address indicated on this application. **Be certain to include a complete address.**
4. **All applications and recommendation letters must be received in the Taft College Financial Aid Department no later than 4:30 p.m. on Friday, March 15, 2019. Applications and recommendation letters received after the deadline will not be considered.**

The Kern Division Retired Teachers Association Scholarship is only for graduating students wanting to pursue a career in Teaching. Applicants must be transferring to a California State University or University of California.

The Kern Division Retired Teachers Association Scholarship is a separate application. Applications are available in the Financial Aid & Scholarship office or online.

# TAFT COLLEGE COMMUNITY SCHOLARSHIP APPLICATION

Continuing @ TAFT COLLEGE \_\_\_\_\_

Grad/Transferring Student \_\_\_\_\_

## Section A:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ COLLEGE GPA: \_\_\_\_\_

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

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

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

DO YOU HAVE A FAMILY MEMBER WHO WORKS FOR TC? \_\_\_\_\_

IF SO WHO? \_\_\_\_\_

ARE YOU OR WERE YOU A STUDENT ATHLETE AT TAFT COLLEGE? \_\_\_\_\_

## Section B:

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

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

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

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

WHAT ARE YOUR CAREER PLANS? \_\_\_\_\_

WHAT ARE YOUR PLANS FOR FUNDING YOUR EDUCATION? \_\_\_\_\_

**ORGANIZATIONS AND ACTIVITIES IN WHICH YOU HAVE PARTICIPATED  
(High School or Community College)**

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**LEADERSHIP (offices held and awards received)**

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

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Submit a statement of purpose approximately 250 words. Include your academic and career goals, volunteer/extra-curricular experience and anything else you think is an important part of your story. This statement 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.

**Completed application may be submitted:**

**In person: Barbara Amerio, Taft College Financial Aid Department.**

**By mail to: Taft College, Attn: Barbara Amerio, 29 Cougar Court, Taft, CA 93268.**

**By e-mail to: [bamerio@taftcollege.edu](mailto:bamerio@taftcollege.edu)**

I agree the above information is true and correct. I AUTHORIZE THE RELEASE OF ANY AND ALL PERSONAL INFORMATION, FINANCIAL AID, GRADES AND ANY OTHER ACADEMIC INFORMATION NEEDED TO REVIEW THE APPLICATION.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID Number

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

# Faculty/Staff Evaluation of Potential Scholarship Recipient

Student Name: \_\_\_\_\_ Faculty Member: \_\_\_\_\_

Student ID: \_\_\_\_\_

	Poor	Below Average	Average	Above Average	Excellent	N/A
<b>Competence</b>						
Decision-making skills	1	2	3	4	5	N/A
Organizational skills	1	2	3	4	5	N/A
Knowledge	1	2	3	4	5	N/A
Productivity	1	2	3	4	5	N/A
Initiative	1	2	3	4	5	N/A
Creativity	1	2	3	4	5	N/A
Verbal Communication	1	2	3	4	5	N/A
Written Communication	1	2	3	4	5	N/A
<b>Professionalism</b>						
Personal Appearance	1	2	3	4	5	N/A
Attitude	1	2	3	4	5	N/A
Punctuality	1	2	3	4	5	N/A
Dependability	1	2	3	4	5	N/A
<b>Personal Attributes</b>						
Enthusiasm	1	2	3	4	5	N/A
Persistence	1	2	3	4	5	N/A
Assertiveness	1	2	3	4	5	N/A
Motivation	1	2	3	4	5	N/A

Student's Strengths:

Student's Weaknesses and Suggestions for Improvement:

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

**PLEASE RETURN DIRECTLY TO THE FINANCIAL AID OFFICE BY: MARCH 15, 2019**

# Faculty/Staff Evaluation of Potential Scholarship Recipient

Student Name: \_\_\_\_\_ Faculty Member: \_\_\_\_\_

Student ID: \_\_\_\_\_

	Poor	Below Average	Average	Above Average	Excellent	N/A
<b>Competence</b>						
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Attitude	1	2	3	4	5	N/A
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Student's Strengths:

Student's Weaknesses and Suggestions for Improvement:

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Faculty Signature

\_\_\_\_\_  
Date

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