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.

3. 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.


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.
2019-2020
Cal RETIRED TEACHERS’ ASSOC.,
KERN DIVISION SCHOLARSHIP APPLICATION

*****************************************************************************
SCHOLARSHIP DEADLINE: March 20, 2020
*****************************************************************************

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 & 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 2020-2021 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 2020-2021 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 2020, you should assume that you were not selected.
2019-2020  
Cal RETIRED TEACHERS’ ASSOC.,  
KERN DIVISION SCHOLARSHIP APPLICATION  

PERSONAL DATA (Please Print or Type)  

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>STUDENT ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERMANENT MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 2020: ________________________________  
CA COLLEGE OR UNIVERSITY YOU WILL ATTEND SPRING 2021: ________________________________  
(ADVISE THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS IF YOUR PLANS SHOULD CHANGE REGARDING THE SCHOOL YOU WILL BE ATTENDING FALL 2020/SPRING 2021.)  

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
Cal RETIRED TEACHERS’ ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION

COLLEGE AND COMMUNITY ACTIVITIES

**INDICATE BELOW YOUR COLLEGE ACTIVITIES, INCLUDING CLUB MEMBERSHIP, OFFICES HELD, SCHOLARSHIPS, AWARDS, HONORS, SPORTS, AND/OR RECOGNITION YOU HAVE RECEIVED.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INDICATE BELOW YOUR COMMUNITY ACTIVITIES INCLUDING CIVIC ORGANIZATIONS, CHURCH, CLUBS, VOLUNTEER WORK, ETC.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 INFORMATION:**

- **STUDENT’S NAME:** ____________________________  **COLLEGE ID #** __________________

- **STUDENT’S MARITAL STATUS:**  
  [ ] SINGLE  [ ] MARRIED  [ ] SEPARATED  
  [ ] DIVORCED  [ ] WIDOWED

- **NUMBER OF DEPENDENT CHILDREN:** ________  **AGES OF CHILDREN:** ____________________________

- **STUDENT’S 2018 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’ 2018 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 2020-2021:** ___________

- **WHERE DO YOU PLAN TO LIVE DURING THE 2020-2021 ACADEMIC YEAR?**
  [ ] WITH PARENTS  [ ] IN OWN HOME/APARTMENT  [ ] OTHER (EXPLAIN): ____________________________

---

***FOR STATISTICAL PURPOSES***

**RACIAL/ETHNIC BREAKDOWN (CHECK ONE):**

- [ ] AMERICAN INDIAN  [ ] AFRICAN AMERICAN  [ ] CAUCASIAN  [ ] ASIAN
- [ ] HISPANIC  [ ] PACIFIC-ISLANDER  [ ] FILIPINO  [ ]

- **OTHER** ____________________________

---

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

__________________________                     ______________________________
NAME OF APPLICANT                     COLLEGE 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:

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTENTIAL</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>MOTIVATION</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>INITIATIVE</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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 TO THE DEPARTMENT OF FINANCIAL AID AND SCHOLARSHIPS

DUE DATE:   FRIDAY, MARCH 20, 2020 BY 4:30 pm
Cal RETIRED TEACHERS’ ASSOC.,
KERN DIVISION SCHOLARSHIP APPLICATION
CONFIDENTIAL

___________________________
NAME OF APPLICANT

___________________________
COLLEGE 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:

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTENTIAL</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>MOTIVATION</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>INITIATIVE</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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 TO THE DEPARTMENT OF FINANCIAL AID AND
SCHOLARSHIPS.

DUE DATE: FRIDAY, MARCH 20, 2020 BY 4:30
Cal RETIRED TEACHERS’ ASSOC.,
KERN DIVISION SCHOLARSHIP APPLICATION
CONFIDENTIAL

____________________  __________________
NAME OF APPLICANT    COLLEGE 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:

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOWLEDGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTENTIAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTIVATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INITIATIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 TO THE DEPARTMENT OF FINANCIAL AID AND SCHOLARSHIPS.

DUE DATE: FRIDAY, MARCH 20, 2020 BY 4:30 pm