



CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Application for Career Grant

CSEA MEMBER APPLICANT

Date _____

I. GENERAL INFORMATION

1. Name _____
Last First Middle

2. Residence Address _____
Number and Street

City State Zip

3. Home Telephone (_____) _____ Daytime Telephone (_____) _____

4. Occupation _____ Date of Hire _____

5. Employed by _____
Name of School District

6. List either your CSEA member number or Social Security No. _____

7. Chapter name and number _____

8. Area _____ Region _____ Years in CSEA _____

9. Marital Status: _____

No. of IRS Dependents _____ Their ages _____
(as determined by the Internal Revenue Service requirements; you must provide at least 50% support)

10. Other persons living in your household and their relation to you.

All requested information **MUST** be furnished completely. Failure to supply any part of the requested information voids application from consideration. Applications and other required information must be postmarked no later than **midnight, October 31**, and returned to:

**California School Employees Association
Member Benefits
2045 Lundy Avenue, San Jose, CA 95131**

II. EDUCATION

List below all education to date, including high school, trade schools, junior college or other:

School	Dates		Attendance was full time/part time
	From	To	

School or college where currently enrolled or planning to enroll:

Your major field of study: _____

Are you seeking a degree/certification? Yes No

If yes, state degree/certification: _____

Describe briefly your plans for college and your future vocational or professional goals and objectives. Give any information which you feel would be helpful to the committee in assessing your situation and your need for financial assistance. (Attach additional sheets if necessary.)

III. OUTSIDE ACTIVITIES (Include all CSEA activities, church participation, hobbies, special talents, community service, etc.)

IV. LIST ANTICIPATED EXPENSES FOR CURRENT SCHOOL YEAR

- A. Tuition \$ _____
- B. Fees \$ _____
- C. Books/Supplies \$ _____
- D. Other (explain) _____

TOTAL \$ _____

V. CONFIDENTIAL STATEMENT OF FINANCIAL RESOURCES

(A copy of your previous year's federal tax return(s) **must** accompany this application.)

1. Enter YOUR total yearly wages before deductions \$ _____
2. Enter your SPOUSE's yearly wages before deductions _____
3. List joint total yearly income form OTHER SOURCES _____

TOTAL \$ _____

Check below to show the sources of income, in Item 3, above:

- | | |
|---|---|
| _____ Interest, dividends | _____ Federal Pell Grants or Cal Grants |
| _____ Social Security benefits | _____ Rents |
| _____ Retirement benefits | _____ Other (explain) _____ |
| _____ Unemployment benefits | _____ |
| _____ State Assistance and Aid to
Dependent Children (ADC) | _____ |
| | _____ |

4. List below any special hardships (for example, parents, grandparents supported by family, large debts, parent seriously ill, etc.):

VI. SUPPORTING INFORMATION (Failure to provide supporting information as requested will result in automatic disqualification.)

The following supportive information is *required* for evaluation of your application and must be mailed to: CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION, 2045 Lundy Avenue, San Jose, CA 95131, *postmarked not later than midnight, October 31.*

A copy of your previous year's federal tax return(s)

Letters of recommendations

1. Form #1 (green) from someone (other than a family member) who has direct knowledge of character and personality as well as leadership potential, capacity for growth, motivation, disciplined work habits, self confidence, independence and initiative.
2. Form #2 (buff) from applicant's employer, supervisor or other person (not a family member) who will recommend applicant for a grant.
3. Form #3 (pink) from a current **officer** of your local chapter.

Also desired, *but not required*, is a recent photograph (for publicity purposes should applicant receive a grant) and if submitted *shall not be returned*.

VII. CERTIFICATION (Failure to provide certification will result in automatic disqualification.)

I hereby make application for one of CSEA's Career Grants and submit the above information to assist the Scholarship Committee in evaluating my candidacy, and certify that:

- 1. All information submitted in this application is true and correct.
- 2. I have received no prior college assistance grants from **state** CSEA.
- 3. The career grant application package becomes the property of CSEA and will be promptly disposed of at a later date.

Signed _____
Applicant Date

All requested information must be furnished completely.

Return all correspondence (postmarked by the October 31 deadline) to:

California School Employees Association
Member Benefits
2045 Lundy Avenue, San Jose, CA 95131

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Career Grant Award Fact Sheet

Name of Grant: **CAREER GRANT — PART I — MEMBER**

Name of Donor: California School Employees Association

Amount of Grant: \$1000

ELIGIBILITY

Applicants for CSEA Career Grant, Part I, must meet the following requirements:

- Applicants must be members in good standing of CSEA.
- Applicants must either be enrolled in an accredited school of higher education for the fall term, or plan to enroll for the semester/quarter immediately following receipt of the grant.
- Enrollment may be either on a full-time or part-time basis.
- “Accredited school of higher education” includes community colleges offering trade or vocational courses, other accredited trade or vocational schools, as well as four-year institutions.
- Applicants must be working toward a definitive degree or a specific career goal.

ADMINISTRATION

Selection of grant recipients will be made by the CSEA Scholarship Committee and will be announced no later than the end of December.

Deadline for returning applications and required information is a postmark date of **not later than midnight, October 31.**

The Scholarship Committee wishes to emphasize that applicants **must** accurately and completely provide all of the information requested on the application form. Failure to do so will be considered grounds for disqualification. Forms 1, 2, and 3 which accompany the application **must** be completed and returned within the **October 31** postmark deadline. Please type or print on all forms.

Grants are awarded on the basis of need, career goals and objectives, citizenship (including leadership, character, and service), and any CSEA activities.

Grant payments will be made to either the recipient or the school/college upon submission of proof of enrollment.

Term of the grant will run for one full year of continued enrollment.

A copy of your previous year’s federal tax return(s) must accompany this application.

(please print applicant's name)

Career Grant–Part I
Letter of Recommendation No. 1
(please type or print)

To be completed by someone (other than a family member) who has direct knowledge of character and personality as well as leadership potential, community service, capacity for growth, motivation, disciplined work habits, self confidence, independence and initiative.

Concerning the above-named applicant, please furnish all information which may be useful to the Scholarship Committee.

(Signed)

(Relationship to Applicant)

Daytime Telephone (____) _____

Please return to applicant.

(please print applicant's name)

Career Grant–Part I
Letter of Recommendation No. 2
(please type or print)

To be completed by applicant's employer, supervisor, or other person (not a family member) who will recommend applicant for Grant.

Concerning the above-named applicant, please furnish all information which may be useful to the Scholarship Committee. The committee would appreciate brief, specific comments on such matters as:

- The nature and extent of your acquaintance with the applicant.
- Your impression of his or her character and personality.
- Your estimate of his or her attainments and promise as a student.

(Signed)

(Title/Position)

Daytime Telephone (____) _____

Please return to applicant.

_____ (please print applicant's name)

Career Grant–Part I
Letter of Recommendation No. 3
(please type or print)

To be completed by a current officer of the local CSEA Chapter (*President, Vice President, Secretary, Treasurer, Chief Job Steward or Past President*).

Concerning the above named applicant please check all appropriate boxes.

- 0 Meetings
- 1–3 Meetings
- 4–7 Meetings
- 8–10 Meetings

- Volunteers for Chapter Activities
(*Phone Bank, Fund Raiser, etc.*)

Please list: _____

- Chapter Committee Member

Committee Name _____ Length of time served _____

- Completed CSEA Training Workshops Please list _____

- Represents CSEA on District Committees Please list _____

- Site Rep How Long? _____

- Chapter Office Held _____ When? _____ How Long? _____

- State or Regional Committee List: _____ How Long? _____

- Conference Delegate When: _____

Please provide any additional information which may be useful to the Scholarship Committee concerning applicant's CSEA Activities. Attach additional sheet as necessary.

(Signed)

(Chapter office)

Daytime Telephone (____) _____

Please return to applicant.