



**CALIFORNIA SCHOOL EMPLOYEES  
ASSOCIATION  
SADDLEBACK VALLEY CHAPTER 616  
STUDENT SCHOLARSHIP APPLICATION**

February 2018

Dear Applicant:

The **CSEA Chapter 616 Scholarship** program provides financial assistance to children or grandchildren of chapter members, helping many continue their education after high school and in a college or vocational school.

**Name of Donors:**

Gary Pedersen Memorial Scholarship fund  
Chapter 616 Scholarship fund

**Number of Scholarships:**

One (1) Gary Pedersen Memorial Fund scholarship in the amount of \$1,000.00  
Three (3) Chapter 616 scholarships in the amount of \$1,000.00 each

**Administration:**

Our Chapter Scholarship Committee makes the selection of scholarship awards.

**ELIGIBILITY:**

1. Applicants **must be** a child or grandchild of a current member of Saddleback Chapter 616.
2. Applicants **must be** entering or returning to an accredited college by the fall term, 2018.
3. Applicants **must have** a grade point average (**GPA**) of at least **3.00**.
4. Applicants **must have** a completed GPA Certification including an official (**sealed**) transcript from high school or college attached.
5. Applicants **must have** 2 letters of recommendation.
6. **First consideration** will be given to first time applicants and/or non-prior winners.
7. Deadline for returning application and supporting data is not later than **May 1, 2018**. You can scan the application and send it to [cseachapter616@gmail.com](mailto:cseachapter616@gmail.com) or send it via district mail to the attention of: **CSEA – Chris Felde**.

Finalists will be notified at the end of May, and the scholarships will be awarded at the **June Chapter meeting**.

Sincerely,

CSEA Chapter 616 Scholarship Committee

**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION  
SADDLEBACK VALLEY CHAPTER 616**

**2018 STUDENT SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Are you a high school senior? \_\_\_\_\_

E-mail address \_\_\_\_\_

Continuing college or trade school student? \_\_\_\_\_

GPA \_\_\_\_\_

CSEA Member Name \_\_\_\_\_ Work Location \_\_\_\_\_

Have you applied for one of our scholarships before? \_\_\_\_\_

If yes, in what year(s) and for what amount(s)? \_\_\_\_\_

**PLANS AND OBJECTIVES**

Describe briefly your plans and objectives for college or vocational school and beyond. What are your career goals? Please share with us any information that you feel would be helpful to the Scholarship Committee in assessing your plans and objectives.

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**EDUCATION AND TRAINING** (Please list your last two consecutive years)

Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

Year: \_\_\_\_\_ College/Vocational School Name: \_\_\_\_\_

Year: \_\_\_\_\_ College/Vocational School Name: \_\_\_\_\_

**HIGH SCHOOL AND/OR COLLEGE ACTIVITIES**

1. Honors and awards:
2. Offices held in student government, clubs, committees, organizations, etc.
3. Other school activities:

**NON-SCHOOL ACTIVITIES & INTERESTS** (Please list any activities you participate in or hobbies and interests that are not part of school):

**SCHOLARSHIPS AND GRANTS RECEIVED** (Please include any CSEA State or chapter scholarships/grants)

Year: \_\_\_\_\_ Description: \_\_\_\_\_ Amount: \_\_\_\_\_

Year: \_\_\_\_\_ Description: \_\_\_\_\_ Amount: \_\_\_\_\_

Year: \_\_\_\_\_ Description: \_\_\_\_\_ Amount: \_\_\_\_\_

Year: \_\_\_\_\_ Description: \_\_\_\_\_ Amount: \_\_\_\_\_

List college(s) to which you have been accepted. Estimate your cost for one year at the college of your choice. (Include tuition, room and board, textbooks, and supplies)

Give a brief listing of any activities your parents or grandparents have participated in for Chapter 616. Include any committees or offices they might have held, state the date and length of their involvement with these committees or offices.

**HARDSHIPS** (Please list any and all hardships that you or your family are experiencing that you feel the Scholarship Committee should consider in awarding you a scholarship. You can include financial, medical concerns of yourself or family, large debts, disasters or mishaps, etc.)

**To be completed by authorized school staff member.**

Scholarship Applicants Name (please print): \_\_\_\_\_

**GPA CERTIFICATION**  
**(For high school students only)**

Concerning the above named applicant, please furnish the student's cumulative weighted GPA and other information through the end of the Fall Semester of the school year in which application is made:

Weighted GPA \_\_\_\_\_

Rank in Class \_\_\_\_\_ out of \_\_\_\_\_ total students/graduates.

Applicant must have a minimum Grade Point Average of 3.0 (B).

Additional information regarding applicant (optional):

Signature of person making GPA Certification: \_\_\_\_\_

Title: \_\_\_\_\_ Dated: \_\_\_\_\_

Daytime Phone (with area code): \_\_\_\_\_

**Please attach sealed copy of transcripts of student's grades.**  
**Please return to applicant to submit with their Scholarship Application**

To be completed on behalf of Scholarship Applicant by someone who has direct knowledge of the applicant's character and personality as well as leadership potential, capacity for growth, motivation, disciplined work habits, self-confidence, independence, and initiative. (Not by parent or relative)

Scholarship Applicant's Name (please print): \_\_\_\_\_

**LETTER OF RECOMMENDATION #1**  
**(For all applicants)**

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

Signature of person completing  
Letter of Recommendation #1 \_\_\_\_\_

Dated: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

**Please return to applicant to submit with their Scholarship Application.**

To be completed on behalf of Scholarship Applicant by someone who has direct knowledge of the applicant's character and personality as well as leadership potential, capacity for growth, motivation, disciplined work habits, self-confidence, independence, and initiative. (Not by parent or relative)

Scholarship Applicant's Name (please print): \_\_\_\_\_

**LETTER OF RECOMMENDATION #2**  
**(For all applicants)**

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

Signature of person completing  
Letter of Recommendation #2 \_\_\_\_\_

Dated: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

**Please return to applicant to submit with their Scholarship Application.**