Print Form

Applicant's Name _____
Last, First

CALIFORNIA TEACHERS ASSOCIATION CTA

_____ Office Use

2010 Del A. Weber Scholarship for Dependent Children

Directions:

- Type or print (clearly).
- Signature of local Chapter President or designee is required.
- CTA membership number or Social Security number is required.

MEMBERSHIP VERIFICATION

1. Applicant is certified to be: ☐ Dependent Child of an Active Member
   ☐ Dependent Child of a Retired Member--Year_____
   ☐ Dependent Child of a Deceased Member--Year_____

2. Name of Scholarship Applicant_____
   First Last

3. Home Address_____
   Number & Street City State Zip

4. Mailing Address_____
   Number & Street City State Zip

5. CTA Membership Number or Social Security number (**REQUIRED**):
   _____
   (If member is retired or deceased, indicate last known membership number and chapter name)

   Name of CTA Member_____ (____) _____
   Telephone

   Address_____
   Number & Street City State Zip

   Relationship to Applicant_____

6. Local CTA Chapter_____ (____) _____
   Name in Full Telephone

   Address_____
   Number & Street City State Zip

   Chapter President_____
   Printed Name

   Signature of Chapter President or designee (**REQUIRED**)

   _____

(continued on back)

Applicant's Name _____
Last, First

CALIFORNIA TEACHERS ASSOCIATION CTA

2010 Del A. Weber Scholarship for Dependent Children

Directions:

- Type or print (clearly).
- Applicant's signature is required.

APPLICANT INFORMATION

NAME_____ (____)_____
First Middle Last Telephone

☐ Dependent Child ☐ Male ☐ Female

High School/Colleges Attended	Dates of Attendance	Diploma/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I am a high school student presently attending_____

   I plan to attend (name of college) _____

   Computed Unweighted G.P.A._____ Computed Weighted G.P.A._____

   ☐ Check box and incorporate into Applicant's Statement any special circumstances related to medical, physical or emotional difficulties that may have affected your grades.
   (See page 3 of 6)

   Official transcripts required. See "Application Instructions" – Page 3.

I HEREBY AFFIRM that I intend to be enrolled in an accredited school of higher education as a full-time student or as a candidate for an approved credential or degree program. I understand that no funds shall be transmitted until CTA receives notification from the registrar of the college or university verifying my enrollment. I understand that enrollment must be completed within the current calendar year.

_____ _____
Date *Signature of Applicant*

Applicant's Name _____
Last, First

CALIFORNIA TEACHERS ASSOCIATION CTA

2010 Del A. Weber Scholarship for Dependent Children

Directions:

- Please describe your personal vision, unique qualities and future goals in a MAXIMUM of 250 words. Longer statements will not be read beyond 250 words.
- Incorporate an explanation of any unique circumstance related to medical, physical or emotional difficulties that may have affected your grades.
- Type on this page or attach a separate sheet.
- Statement **must** be **double-spaced**. Font size **must** be 12 pt. or larger. A standard font is required.
- Do not hand write.
- **Points will be deducted if the guidelines are not followed.**

APPLICANT'S STATEMENT

Applicant's Name _____
Last, First

CALIFORNIA TEACHERS ASSOCIATION CTA

2010 Del A. Weber Scholarship for Dependent Children

Directions:

- Please complete this page with information regarding your participation in school and community activities.
- College students should include their high school records.
- Select those activities you feel are important, attach a separate sheet as needed.
- Place an "X" in grade column for year of participation OR indicate the number of hours of involvement with each activity or organization (where requested).
- Specify any offices held.
- Type or print (clearly).

SCHOOL/COMMUNITY ACTIVITY RECORD

School and Community Organizations / Activities (indicate # hours per month involved with each)	**9 hrs/mo**	**10 hrs/mo**	**11 hrs/mo**	**12 hrs/mo**	**College hrs/mo**

Awards / Honors / Personal Achievement	**9**	**10**	**11**	**12**	**College**

Employment (If applicable) (indicate # hours per week)	**9 hrs/wk**	**10 hrs/wk**	**11 hrs/wk**	**12 hrs/wk**	**College hrs/wk**

Applicant's Name _____
Last, First

CALIFORNIA TEACHERS ASSOCIATION CTA 2010 Del A. Weber Scholarship for Dependent Children

LETTER OF RECOMMENDATION – Educator – not a family member (Teacher, Counselor, Administrator, School Coach, College Professor)

Directions:

- Recommendation must be typed and attached to this form which must be filled out completely. Be sure to include **applicant's name**, **name of scholarship**, **your name**, **signature**, and **title** on the letter of recommendation.
- **Letters of recommendation must address each category SEPARATELY or they WILL BE considered incomplete.**
  Limit your statement to approximately 200 words for each category. Judges must be able to evaluate and score each category independently. Scholarships are awarded based on the highest cumulative scores. (Please note that letters of recommendation for college admission will not be considered).
- Please provide situations/examples that demonstrate achievement in each of category. Add other items that may be of interest to the committee.
- Letter **must** be **double-spaced**. Font size **must** be 12 pt. or larger. A standard font is required. Do not hand write.
- **DEADLINE**: Postmarked by **February 5, 2010**. Return with application or send under separate cover to:

CTA Human Rights Department, c/o Janeya Collins, P.O. Box 921, Burlingame, CA 94011-0921.

- **Points will be deducted if the guidelines are not followed.**

EACH CATEGORY MUST BE ADDRESSED SEPARATELY!

Office Use

1. Involvement in and sensitivity to human, social and civic issues that reflect responsibility, reliability and integrity.
   (Limit response to approximately 200 words). Score _____

2. Educational and personal achievements that reflect Academic and vocational potential. **(Limit response to approximately 200 words).** Score _____

Signature _____ Title _____

Printed Name _____ School _____

No. of year(s) you have known applicant _____ Date _____

Applicant's Name _____
Last, First

CALIFORNIA TEACHERS ASSOCIATION CTA 2010 Del A. Weber Scholarship for Dependent Children

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Signature _____ Title _____

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