

Applicant's Name _____
Last, _____ First

CALIFORNIA
TEACHERS
ASSOCIATION



2012 Del A. Weber Scholarship for Dependent

Office Use

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

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2012 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) _____

- 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



2012 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



2012 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



2012 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 3, 2012**. Return with application or send under separate cover to:
CTA Human Rights Department, c/o Janeya Dawson, P.O. Box 921, Burlingame, CA 94011-0921.
- **Points will be deducted if the guidelines are not followed.**

EACH CATEGORY MUST BE ADDRESSED SEPARATELY!

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

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

Signature _____ Title _____

Printed Name _____ School _____

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



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Children

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|---|--|
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(Limit response to approximately 200 words). | Office Use
Score <input type="text"/> |
| 2. Educational and personal achievements that reflect academic and vocational potential. (Limit response to approximately 200 words). | Score <input type="text"/> |

Signature _____ Title _____

Printed Name _____ School _____

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