



SAN DIEGO EDUCATION ASSOCIATION

10393 San Diego Mission Rd. #100, San Diego, CA 92108

DEPENDENT SCHOLARSHIP APPLICATION

**INCOMPLETE APPLICATIONS, APPLICATIONS FORWARDED
DIRECTLY TO THE SDEA BOARD OF DIRECTORS,
OR APPLICATIONS POSTMARKED LATER THAN THE DATE LISTED BELOW
WILL NOT BE CONSIDERED.**

Return Completed Application to SDEA Office

Attn: Nanette Najera by

Friday, April 23, 2010 by 5:00 p.m.

INFORMATION CHECKLIST

THE APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:

- Applicant Cover Sheet**

- Activity Records (High School and College)**
 - **School**
 - **Community**

- Applicant's Statement**

- Two Letters of Recommendation**
 - **One from school personnel**
 - **One from a community member whose knowledge of the applicant comes from outside the school setting**

- Transcripts – High School and/or College**
 - **Most recent and current high school and/or college transcripts MUST accompany this application**

SAN DIEGO EDUCATION ASSOCIATION SCHOLARSHIP

“CRITERIA FOR **DEPENDENT OF SDEA MEMBER(S)** ELIGIBILITY & EVALUATION”

To be eligible for an SDEA scholarship, an applicant must:

1. Be a **dependent of a current SDEA/CTA/NEA member**.
2. Show a potential for successful use of the scholarship funds.
3. Present a completed application form with **TWO** letters of reference. One letter must be from a person who is acquainted with the applicant's academic performance. One letter must be from a community member, outside of the school setting.



NOTE:

SCHOLARSHIP GRANTS ARE LIMITED TO THOSE PERSONS WHO QUALIFY AS STUDENTS AS AFFIRMED BY REGISTRATION IN AN APPROVED INSTITUTION OF HIGHER LEARNING.

FAILURE TO COMPLETE ALL APPLICATION MATERIAL MAY RESULT IN DISQUALIFICATION OF YOUR APPLICATION.

HIGH SCHOOL/COLLEGE ACTIVITY RECORD

Applicants Name: _____

Please list all activities that will provide evidence of your sensitivity and commitments to service in associations, organizations or on individual initiatives that contribute to the growth and improvement of mankind. If you have received special awards, list them along with the name of the organizations, dates, locations, etc. Please write clearly (*type if possible*).

USE THIS FORM ONLY.

ACTIVITY RECORD – SCHOOL (High School/College)

Place an "X" in grade column for year of participation. Indicate office held or (M) for membership.

	9	10	11	12	College
School Organizations (Clubs, ROTC, etc):					
Extracurricular activities: (sports, band, chorus, etc.)					
Employment:					
Awards, Honors and Achievements:					
Volunteer Activities:					

APPLICANT'S STATEMENT**DEPENDENT OF SDEA MEMBER**

Briefly **state in 200 words or less** how continuing your studies will help you in the classroom and/or in your professional life. Your statement must be typed.

5-D

SCORE