



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, May 4th, 2012 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

***DEPENDENT* OF SDEA MEMBER APPLICANT COVER SHEET**

Active Member's Name: _____	Hphone #: _____
School Site: _____	Sphone #: _____
Home Address: _____	City State Zip

Applicant's Name: _____
First Middle Last

INSTRUCTIONS TO APPLICANT:

1. Answer ALL questions and complete ALL blanks in INK.
2. When questions do not apply, write NA (Not Applicable).
3. Submit **ONLY TWO LETTERS OF REFERENCE** on the proper forms (or attach to the proper forms).
 - a. One from a school staff person.
 - b. One from someone in the community (Not school related).
1. Submit high school(s) and/or college(s) transcripts (must accompany this application to qualify). **Include MOST RECENT GPA transcript information.**

Please list the names of all high schools and/or colleges you have attended:

<u>Name:</u>	<u>Date of Attendance:</u>	<u>Diploma/Degree:</u>	<u>Last GPA</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the school you plan on attending in the future and intended major.

<u>Name of school</u>	<u>Location</u>	<u>Intended</u>
Major		

I HEREBY AFFIRM that I intend to enter an accredited school of higher education as a part/full time student and I propose to use the funds, if awarded, for that purpose.

Signature _____ Date _____

SCORE	<input type="text"/>
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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.

SCORE

Applicant's Name: _____
First MI Last

LETTER OF REFERENCE – NON-SCHOOL RELATED

Each applicant for the SDEA scholarship is required to submit **ONE** letter of reference from a **NON-SCHOOL RELATED PERSON** who knows the applicant personally.

When writing your letter for the applicant, please consider the following traits:

- Have a sensitivity and commitment to social responsibilities that have been demonstrated by involvement in community organizations.
- Demonstrate character traits such as responsibility, reliability, integrity, and emotional stability.
- Have a grade point average reflecting above-average academic achievement.
- Show academic and vocational potential.
- Have special achievements showing a broad participation.
- Any other items that may be of interest.

Please type and attach your letter to this sheet.

Signature: _____

Position: _____

Print Name: _____

Institution: _____

of Years Known Applicant: _____

Date: _____

SCORE	
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