



## SAN DIEGO EDUCATION ASSOCIATION

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

### College **DEPENDENT** SCHOLARSHIP APPLICATION

**INCOMPLETE APPLICATIONS** OR APPLICATIONS FORWARDED  
DIRECTLY TO THE SDEA BOARD OF DIRECTORS  
**WILL NOT BE CONSIDERED.**

**Return Completed Application by Friday, May 3<sup>rd</sup>, 2024, no later than 5:00 p.m.:**

- **Email:** All documents must be sent in one (1) email to SDEA Secretary Lisa, steinberg\_L@sdea.net.
- **U.S. Mail:** Date received must be prior to Friday, May 3<sup>rd</sup> at 5pm – Attn: Lisa Steinberg

#### INFORMATION CHECKLIST

THE APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:

- ☐ **Applicant Cover Sheet**
- ☐ **Activity Records (College)**
  - **School**
  - **Community**
- ☐ **Applicant's Statement**
- ☐ **Two Letters of Recommendation**
  - **Letters of recommendation should not be from family members**
  - **Letters of recommendation should be dated within the past year**
  - **One from school personnel**
  - **One from a community member whose knowledge of the applicant comes from outside the school setting**
- ☐ **Transcripts – College**
  - **Most recent/current college transcripts MUST accompany this application. Unofficial are acceptable.**

## 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.
4. Please be aware that if you have been previously awarded an SDEA Scholarship, you are not eligible to reapply.



#### **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 WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION.**

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

Active Member's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Site: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Applicant's Name: \_\_\_\_\_  
First Middle Last

**INSTRUCTIONS TO APPLICANT:**

1. Answer ALL questions and complete ALL blanks in **ink** or **electronically**.
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).
4. 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:

**Name:** \_\_\_\_\_ **Date of Attendance:** \_\_\_\_\_ **Diploma/Degree:** \_\_\_\_\_ **Last GPA**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

# COLLEGE ACTIVITY RECORD

**Applicant's 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 – College**

#### **Community/Volunteer Activities:**

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#### **Employment:**

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#### **Awards, Honors, etc.:**

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#### **School Organizations:**

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**APPLICANT'S STATEMENT**

**College *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.

Each applicant for the SDEA scholarship is required to submit one letter of reference from **SCHOOL PERSONNEL**. When writing your letter for the applicant please consider the following traits:

- Please type and attach your letter to this sheet.**

Date: \_\_\_\_\_

**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:** \_\_\_\_\_