



6 scholarships will be awarded to graduating high school seniors in each of the following counties in the amount of **\$1500** each: Merced, Madera and Stanislaus.

Criteria for Eligibility ~ **CVOC Scholarship Awards**

1. Student must be from a farmworker or verifiable low-income family.
2. The applicant must be planning to pursue education at a vocational, junior college, state college or university on a full-time basis (minimum of 12 units) beginning Fall **2018** semester.
3. If selected, the applicant will be required to provide proof of enrollment at the vocational, junior college, state college or university of his/her choice.
4. **Applicants must have at least a 3.0 cumulative high school GPA.**
5. Applicants must accurately and completely fill out the entire scholarship application.
6. High school transcript must be submitted.
7. A copy of parent/guardian's **2017** Federal Income Tax Return must be submitted with scholarship application.
8. A minimum of three letters of recommendation are encouraged with the scholarship package.
9. Applications must be received (postmarks not accepted) by Thursday, **March 29, 2018**.

Send To:

Central Valley Opportunity Center

Attn: Scholarship Coordinator

PO Box 159

6838 Bridget Court

Winton, CA 95388

You may mail or hand-deliver your application packet to CVOC.

10. Applications not meeting eligibility criteria and arrival date will not be considered.
11. The scholarship committee will screen all applications and conduct personal interviews with those selected as semi-finalists.
12. If you have any questions regarding this application or the application process, email Liz Teixeira at lteixeira@cvoc.org or call her at 209-357-0078.



INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION

- Applicant Data:** This information is important. It contains vital information for the Scholarship Committee.
- Family Income:** List your total household income as listed on your parent/guardian's **2017** Federal Tax Return (a copy of which you will submit with this application). Also, include other income (any employed family member living in the home and all other sources of income, ie: SSI, etc.)
- Biographical Information:** In your own words tell us about yourself, your family, your interests, etc.
- Photo:** If selected as a semi-finalist, you will be interviewed in person and at that time, you will be required to bring a wallet-size photo of yourself (preferably your senior picture).
- Work Experience:** Include any internships or work you have performed whether it was for wages or volunteer.
- Activities, Awards, Honors:** Include **COPIES** of all awards, certificates, etc. for school and outside activities.
- Goals & Aspirations:** Please describe role models, incentives, motivations, etc.
- Unusual Circumstances:** This information is highly confidential and important to the Scholarship Committee.
- School Data:** This section is used as a reference when further information is required.
- Transcript Information:** *Contact your high school counselor for completion of this section. A 3.0 Cumulative High School GPA is the MINIMUM. **Any applicants with a cumulative GPA lower than 3.0 will not be considered.***
- Certification:** Your parent/guardian must sign the Certification and Authorization Area of the application.



CVOC Mission Statement

Our mission is to provide employment, skills training, education, and emergency services to improve the quality of life for farmworkers and underserved members in our communities.

PLEASE TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES (leave no blanks)

Name: _____
(first, middle, and last)

Mailing Address: _____
(include city, state & zip code)

Your Email Address That You Check Often: _____

Your Month, Date & Year of Birth: _____

Phone Number (include area code): _____

Applicant Data

Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Total Number of dependents as listed on the 2017 Federal Income Tax Return living in your home: _____

Are you the first child in your family to pursue a college education? _____ (yes or no)

If not, please list the names of the siblings and where they attend(ed) college:

PRINT student's first & last name: _____

Do you or your immediate family (parents or siblings in your household) have farmworker or agricultural employment within the last 24 months? *If yes, list the family member and the specific job.*

Are you or is anyone in your family disabled physically or mentally?

FAMILY INCOME

Parent/Guardian's TOTAL Annual Income from **2017** Federal Income Tax Return: \$_____

Other income (any employed family member living in the home & all other sources of income, ie: SSI, etc.): _____

Please provide biographical information: *Attach separate sheet if necessary.*

PRINT student's first & last name: _____

WORK EXPERIENCE

Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. *Please include paid work as well as volunteer work.*

| Position and Company/Organization | Date Started | Date Ended | Average Hours Per Week | Reason for Leaving |
|-----------------------------------|--------------|------------|------------------------|--------------------|
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AWARDS and HONORS

List all school and community activities in which you have participated during the past four years (e.g. student government, sports, choir, bank, volunteer work). *Attach separate sheet if necessary.*

GOALS and ASPIRATIONS

Write a brief paragraph describing your educational plans as they relate to your career objectives and future goals. *Attach separate sheet if necessary.*

PRINT student's first & last name: _____

UNUSUAL CIRCUMSTANCES

Write a brief paragraph describing any situation or circumstance that may hinder you from pursuing a higher education at this time. (You may include hardships or obstacles, family situations, etc.). *Attach separate sheet if necessary.*

SCHOOL DATA

Name of High School: _____

Anticipated Graduation Date: _____

Address of School: _____
(street, city, state & zip code)

Name of High School Principal: _____

Telephone Number of High School (include area code): _____

Name of High School Counselor or other person who assisted you with applying for this scholarship:

Please list other scholarships you have applied for:

Please list the vocational, junior college, college or university for which you have applied:

Intended major or field of study: _____

PRINT student's first & last name: _____

TRANSCRIPT INFORMATION

Students must include a high school transcript and have the following section completed by the appropriate school official. A minimum of 3.0 Cumulative High School GPA is required to be considered.

NOTE TO SCHOOL OFFICIAL:

If transcript is not submitted, the student will NOT be considered for a scholarship.

Applicant ranks _____ in a class of _____. Cumulative GPA: _____

I certify that this data is from a current and official transcript.

School Official's Signature: _____

Title: _____ Date: _____ Phone #: _____

Is the date for your school's awards ceremony set?

If so, please list date, time, location & person to contact (email address preferred) in the event that one of your students is chosen for our award so we may inform you of our planned attendance/award presentation.

In an effort to try to reach as many students as possible regarding our scholarships each year, please let us know how you became aware of this scholarship:

_____ Merced Sun-Star _____ Modesto Bee _____ Madera Tribune _____ School

_____ Other (please explain): _____

CERTIFICATION & AUTHORIZATION

All of the information on this form is true and complete to the best of our knowledge. We realize that if all required documentation is not submitted, the student will not be considered for a scholarship. If applicant is chosen as a finalist, he/she will be required to provide a wallet-size photo (senior picture preferred). *I/we authorize CVOC to use the photo of myself that I will submit if chosen as a winner to be published in CVOC's awards ceremony program booklet, CVOC's website and/or other marketing purposes.*

Also, I understand and agree that CVOC may contact my (applicant's) parents or guardians to provide them with information regarding CVOC programs and services.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____