



CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION
Member Career Grant Application

CSEA MEMBER APPLICANT

Date _____

I. GENERAL INFORMATION

1. Name _____
Last First Middle

2. Residence Address _____
Number and Street

City State Zip

3. Home Telephone (_____) _____ Daytime Telephone (_____) _____
E-mail _____

4. Occupation _____ Date of Hire _____

5. Employed by _____
Name of School District

6. List either your CSEA member number or the last four digits of your Social Security No.

7. Chapter name and number _____

8. Area _____ Region _____ Years in CSEA _____

9. Marital Status: _____

No. of IRS Dependents _____ Their ages _____
(as determined by the Internal Revenue Service requirements; you must provide at least 50% support)

All requested information **MUST** be furnished completely. Failure to supply any part of the requested information voids application from consideration. Applications and other required information must be postmarked no later than **midnight, October 31**, and returned to:

California School Employees Association
Member Benefits
2045 Lundy Avenue, San Jose, CA 95131

II. EDUCATION

a. List below all past education, including high school, trade schools, junior college or other:

School	Dates		Attendance was full time/part time
	From	To	

b. School or college where currently enrolled or planning to enroll:

Your major field of study: _____

Are you seeking a degree/certification? Yes No

If yes, state degree/certification: _____

c. College Plans- Describe your plans for college and your future vocational or professional goals and objectives. Provide specific information which would be helpful to the committee in assessing your situation. (Attach additional sheets as needed.)

III. FINANCIAL RESOURCES/ PROJECTED ANNUAL COSTS

Please list the adjusted gross income as shown on your most recent federal tax return. \$_____

Projected Annual Costs	Projected Amount:
Tuition	\$
Books	\$
Computer	\$
Fees (Describe):	\$
Equipment (Describe):	\$
Supplies	\$
Transportation (Describe):	\$
Child Care	\$
Other (Describe):	\$

Total Projected Costs: \$_____

IV. SPECIAL CIRCUMSTANCES

List below any special circumstances (for example, parents, grandparents supported by family, large debts, parent seriously ill, etc.):

V. OUTSIDE ACTIVITIES (Include all CSEA and community service activities, hobbies, special talents, etc.)

VI. SUPPORTING INFORMATION (Failure to provide supporting information as requested will result in automatic disqualification.)

Letters of recommendation

- 1. Form #1 from someone (other than a family member) who has direct knowledge of character and personality as well as leadership potential, capacity for growth, motivation, disciplined work habits, self confidence, independence and initiative.
- 2. Form #2 from a current **officer** of your local chapter.

Also desired, *but not required*, is a recent photograph (for publicity purposes should applicant receive a grant) and if submitted *shall not be returned*.

VII. CERTIFICATION (Failure to provide certification will result in automatic disqualification.)

I certify that all information submitted in this application is true and correct.

Signed _____
Applicant Date

All requested information must be furnished completely.

Return all correspondence (**postmarked by the October 31 deadline**) to:
California School Employees Association
Member Benefits
2045 Lundy Avenue, San Jose, CA 95131



California School
Employees Association

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Member Career Grant Award Fact Sheet

Name of Grant: **MEMBER CAREER GRANT**

Name of Donor: California School Employees Association

Amount of Grant: \$1000

ELIGIBILITY

Applicants for CSEA Member Career Grant must meet the following requirements:

- Applicants must be members in good standing of CSEA.
- Applicants must either be enrolled in an accredited school of higher education for the fall term, or plan to enroll for the semester/quarter immediately following receipt of the grant.
- Enrollment may be either on a full-time or part-time basis.
- “Accredited school of higher education” includes community colleges offering trade or vocational courses, other accredited trade or vocational schools, as well as four-year institutions.
- Applicants must be working toward a definitive degree or a specific career goal.

ADMINISTRATION

Selection of grant recipients will be made by the CSEA Scholarship Committee and will be announced no later than the end of December.

Deadline for returning applications and required information is a postmark date of **not later than midnight, October 31.**

The Scholarship Committee wishes to emphasize that applicants **must** accurately and completely provide all of the information requested on the application form. **Failure to do so will be considered grounds for disqualification.** Forms 1 and 2, which accompany the application **must** be completed and returned within the **October 31** postmark deadline. Please type or print on all forms.

Grants are awarded on the basis of need, career goals and objectives, citizenship (including leadership, character, and service), and any CSEA activities.

Grant payments will be made to either the recipient or the school/college upon submission of proof of enrollment.

(please print applicant's name)

Member Career Grant
Letter of Recommendation Form #1
(please type or print)

To be completed by someone (other than a family member) who has direct knowledge of character and personality as well as leadership potential, community service, capacity for growth, motivation, disciplined work habits, self confidence, independence and initiative.

Concerning the above-named applicant, please furnish all information which may be useful to the Scholarship Committee.

(Signed)

(Relationship to Applicant)

Daytime Telephone (____) _____

Please return to applicant.

_____ (please print applicant's name)

Member Career Grant
Letter of Recommendation Form #2
(please type or print)

To be completed by a current officer of the local CSEA Chapter (*President, Vice President, Secretary, Treasurer, Chief Union Steward or Past President*).

Concerning the above named applicant please check all appropriate boxes.

- 0 Meetings
- 1-3 Meetings
- 4-7 Meetings
- 8-10 Meetings

- Volunteers for Chapter Activities
(*Phone Bank, Fund Raiser, etc.*)
Please list: _____

- Chapter Committee Member
Committee Name _____ Length of time served _____
- Completed CSEA Training Workshops Please list _____
- Represents CSEA on District Committees Please list _____
- Site Rep How Long? _____
- Chapter Office Held _____ When? _____ How Long? _____
- State or Regional Committee List: _____ How Long? _____
- Conference Delegate When: _____

Please provide any additional information which may be useful to the Scholarship Committee concerning applicant's CSEA Activities. Attach additional sheet as necessary.

(Signed)

(Chapter office)

Chapter Name _____ Chapter Number _____ Area _____ Region _____

Daytime Telephone (____) _____

Please return to applicant.