

**TEACHERS ASSOCIATION OF LONG BEACH
SCHOLARSHIP FOUNDATION**

4362 Atlantic Avenue, Long Beach, CA 90807
(562) 426-6433, Fax (562) 424-9352, Email: Office@talb.org, Web Site: www.talb.org

PROCEDURE FOR APPLYING FOR SCHOLARSHIP GRANT

1. Scholarship applications are limited to:
 - (a) Bargaining Unit Members who are full-time or part-time (minimum six semester or equivalent quarter units), *or*
 - (b) Children of Bargaining Unit Members
2. Request for application form and qualification sheet.
3. Present with the application:
 - Dependent**
 - (a) Three references including two instructors; excluding family members
 - (b) Transcript of the three previous semesters.
 - Bargaining Unit Member**
 - (a) Three references, excluding family members
4. The application form itself may be printed neatly in black ink or typed. All other information must be typed.
5. Have all material to the Foundation at TALB **NO LATER THAN 4:30 P.M., March 31, 2010.**
6. *There may or may not be the need for a personal interview.*

SEND ALL MATERIALS TO:

Teachers Association of Long Beach
Scholarship Foundation
4362 Atlantic Avenue
Long Beach, CA 90807

(562) 426-6433

**TEACHERS ASSOCIATION OF LONG BEACH
SCHOLARSHIP FOUNDATION**

TALB BYLAW

ARTICLE XVIII

SCHOLARSHIPS

Scholarships shall be awarded through the TALB Scholarship Foundation:

I UNDERSTAND THAT AS AN APPLICANT FOR A SCHOLARSHIP AWARD:

1. I must maintain a quality of work that is a credit to me and to the community.
2. I must furnish the Foundation with proof of full-time/part-time student status and maintain said status. The proof must be an official document from the Registrar's office. This verification transcript must have the school name, official seal and confirm student's enrollment status.
3. Any award will be given in full as a one-time grant.

Signature

Date

SCHOLARSHIP FOUNDATION APPLICATION FORM FOR DEPENDENT CHILDREN

Name of Scholarship Applicant

_____ (_____) _____
First Last Telephone Email

Home Address _____
Number & Street City State Zip

Mailing Address _____
Number & Street City State Zip

Name of CTA Member _____ (_____) _____
First Last Telephone Email

Social Security number or 2004-05 CTA Membership Number **(Required)** _____

Address _____
Number & Street City State Zip

Member's School Site _____

Relationship to Applicant _____

APPLICANT INFORMATION

Dependent Child Male Female

EDUCATIONAL BACKGROUND AND PLANS:

High School/Colleges Attended	Dates of Attendance	Diploma/Degree
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Circle Class Standing During the Current Period of the Scholarship Application:

Freshman/Sophomore/Junior/Senior _____ *BA* ____ *MA* ____ *PhD* ____

What is your vocational goal? _____

Major: _____ Minor: _____ Cumulative G.P.A.: _____

No. of units completed at any 2 or 4 year college: _____
(attach transcripts of course work)

No. of units in current progress: _____

Name of college you expect to attend this fall: _____

LAST YEAR'S ADJUSTED NET INCOME (AFTER DEDUCTIONS):

Mother _____ Father _____ Self: _____

TEACHERS ASSOCIATION OF LONG BEACH

SCHOLARSHIP FOUNDATION APPLICATION FORM FOR MEMBERS

Name of Scholarship Applicant

_____ (_____) _____
First Last Telephone Email

Home Address _____
Number & Street City State Zip

Mailing Address _____
Number & Street City State Zip

Social Security Number or 2004-05 CTA Membership Number **(Required)** _____

Member's School Site _____ (Telephone) _____

APPLICANT INFORMATION

Male Female

EDUCATIONAL BACKGROUND AND PLANS:

Colleges Attended/Teaching Experience	Dates	Diploma/Degree (if applicable)
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Circle Class Standing During the Current Period of the Scholarship Application:

Freshman/Sophomore/Junior/Senior _____ *BA* ___ *MA* ___ *PhD* ___

What is your vocational goal? _____

Major: _____ Minor: _____ Cumulative G.P.A.: _____

No. of units completed at any 2 or 4 year college: _____
(attach transcripts of course work)

No. of units in current progress: _____

Name of college you expect to attend this fall: _____

LAST YEAR'S ADJUSTED NET INCOME (AFTER DEDUCTIONS):

OTHER INFORMATION:

NAME _____

Describe below any other information concerning the financial assets and obligations that you or your family have that would be helpful in assessing your financial need. (Use the reverse side of this sheet, if necessary.)

SCHOLARSHIP FORM

NAME _____

Please enclose three letters of reference. These may be a combination of class work and character analysis.

YOUR INCOME AND RESOURCES

(Estimate costs and resources for each line for entire academic year during the period of the scholarship. Do not list weekly or monthly costs.)

<u>EXPENSES</u>		<u>RESOURCES</u>	
Tuition and required fees	\$ _____	Personal Savings	\$ _____
Parking	\$ _____	Personal Earnings during academic year	\$ _____
Books, instruction equipment and materials	\$ _____	(Employer) _____	
Board (if not at home)	\$ _____	(# of hours per month) _____	
Room (if not at home)	\$ _____	Aid from parents/guardian	\$ _____
Personal & Recreational	\$ _____	G.I. Bill	\$ _____
Miscellaneous Costs	\$ _____	Other Scholarships	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

HONORS AND EXTRA CURRICULAR ACTIVITIES

Are you the recipient of a Reserve or Current California State Scholarship? _____

List scholarships you have held in the past - giving place, date and amount:

List school and community activities you have participated in:

NAME _____

WRITE A STATEMENT of 200 words or less describing some of the outstanding events or experiences of your life, your travels, your cultural and vocational interests, your educational plans, etc. (Please use reverse side, if needed.)

NAME _____
Applicant's Name _____

LETTER OF REFERENCE

The applicant to the TALB Scholarship Foundation is required to submit three letters of reference, including one from a non-school related person who knows about the applicant. In addition to the applicant's vocational potential, please give examples demonstrating the following traits: sensitivity and commitment to social responsibilities; character traits such as responsibility, reliability, and integrity; emotional stability; receptivity to new ideas; and special achievements. Please add any other items that may be of interest to the screening committee. Please type, if possible.

Signature _____ Date _____

Printed Name _____

Relationship to Applicant _____ Number of years known _____

**TEACHERS ASSOCIATION OF LONG BEACH
SCHOLARSHIP FOUNDATION
4362 ATLANTIC AVENUE6
LONG BEACH, CA. 90807**

NAME _____

Applicant's Name _____

LETTER OF REFERENCE

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Signature_____

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