

Val Verde Teachers Association

80 Commerce Drive

Perris, CA 92571

Phone (951) 943-6414 / Fax (951) 943-6415

SCHOLARSHIP APPLICATION

The Val Verde Teachers Association is looking to award scholarships to students graduating from Rancho Verde High School, Citrus Hill High School and Val Verde High School. Scholarships awarded will be paid directly to the university or trade school financial aid office.

Criteria:

1. GPA must be a minimum of 2.75 (weighted)
2. Graduating high school in the current school year
3. Plan to attend:
 - Two year or four year college / university in the fall (minimum of 12 units) or
 - Trade or Technical school (full-time)
4. Two letters of recommendation from current or former teachers. Use the attached forms. List teachers' names below:

Teacher 1 _____ Teacher 2 _____

5. A personal goal statement (typed, single spaced, maximum one page)
6. Official transcript in an envelope sealed by the school Registrar. **Order** your transcript **before 2/10/14**.
7. **Mail all materials, except the letters of recommendation, to "VVTA Scholarships," postmarked not later than Monday, February 24, 2014.** Failure to do so will cause your application to **not** be considered.

Applicant's Name (printed neatly)	Student ID Number	Name of School
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Street Address	City	State and Zip
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Home Phone	Cell Phone	Date of Birth	___M ___F Your Sex
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GPA _____ Email address _____

CRITERIA FOR SELECTION OF SCHOLARSHIP WINNERS

<u>Value</u>	<u>Criterion</u>
35%	1. GPA
5%	2. SAT / ACT Scores
15%	3. Teacher Recommendations
10%	4. Parent / Guardian membership in VVTA/CTA
15%	Member's Name _____
10%	5. Extracurricular activities
10%	6. Community involvement
10%	7. Personal goal statement

TEACHER'S RECOMMENDATION

Dear Teacher,

_____ is applying for a Val Verde Teachers Association scholarship. We appreciate your thoughtful and candid assessment of this student. Your comments will be held in confidence. **Please mail this form to VVTA Scholarships, 80 Commerce Drive, Perris, CA 92571, no later than Friday, February 21, 2014.**

Please place an X in the appropriate box.

Characteristic	Top 5%	Top 10%	Top 25%	Top 50%
1. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Judgment and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Respect of faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Respect of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ADD COMMENTS:

TEACHER'S NAME (printed)

TEACHER'S SIGNATURE

DATE

SCHOOL SITE

DO NOT RETURN TO STUDENT

TEACHER'S RECOMMENDATION

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13. Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ADD COMMENTS:

TEACHER'S NAME (printed)

TEACHER'S SIGNATURE

DATE

SCHOOL SITE

DO NOT RETURN TO STUDENT

Applicant's Name _____ School Name _____

EXTRA CURRICULAR/COMMUNITY ACTIVITIES AND HONORS REPORTING FORM

Please place an X in each box for the year(s) and semester(s) you participated and list the activity where requested. List awards and honors below. Type or print as neatly as possible.

ACTIVITY	SEMESTER							
	9th		10th		11th		12th	
	FIRST	SECOND	FIRST	SECOND	FIRST	SECOND	FIRST	SECOND
Student Government								
Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publications								
Yearbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics								
Pep Squad/Cheer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Arts								
School Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Force Junior ROTC								
Drill Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholastic Competition								
Academic Decathlon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mock Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odyssey of the Mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Clubs								
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Activities & Part-Time Jobs								
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience								
# hours per week _____								

LIST BELOW ALL AWARDS/HONORS EARNED