

The Western Association of Educational Opportunity Personnel (WESTOP) Central California Chapter (CenCal) Scholarship Fund assists TRiO students to complete their educational goals. The scholarships are available on a competitive basis to high school students, community college students, and undergraduate four-year college students.

POSTMARK DEADLINE: FRIDAY MARCH 22nd, 2019

ELIGIBILITY CRITERIA

HIGHSCHOOL STUDENTS

- Individual must be a current and active participant of a CenCal Chapter TRiO program
- Nominated by a current paid WESTOP-CenCal member
- Must provide proof of college enrollment for Fall 2019
- Must have a minimum of 2.5 GPA
- Must submit checklist with application

COLLEGE STUDENTS

- Individual must be a current and active participant of a CenCal Chapter TRiO program
- Nominated by a current paid WESTOP-CenCal member
- Must provide proof of college enrollment for Fall 2019
- Must have a minimum of 2.5 GPA
- Must submit checklist with application

OTHER STUDENTS

- Individual must be a current and active participant of a CenCal Chapter TRiO program
- Nominated by a current paid WESTOP-CenCal member
- Must provide proof of college enrollment for Fall 2019
- Adult college bound students must provide proof of having received a diploma with GPA of at least 2.50 or above, a GED, or be in process of obtaining one prior to semester starting or if have prior college experience, having obtained a minimum cumulative GPA of at least 2.50 in course work.
- Must submit checklist with application

NOMINATOR INFORMATION

- Must be a current paid member of the WESTOP-CenCal Chapter to make a nomination
- Must verify that student is a current and active participant of a TRiO CenCal Program

- May not be submit "Recommendation Form/Letter" on behalf of the student you are nominating
- No limit to the number of students each program can nominate for this scholarship
- All necessary forms must be signed by a parent or guardian if student is a minor
- Must review with nominee the eligibility criteria and check list provided to ensure all necessary forms and required documents are submitted on time

SUBMISSION INSTRUCTIONS

YOU MAY MAIL OR EMAIL ALL COMPLETED APPLICATIONS TO THE APPROPRIATE ADDRESS LISTED BELOW. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Mail

ATTN: Alondra Martinez/Omar Espinoza Services for Students with Disabilities 5200 N. Barton Ave M/S ML125 Fresno, CA 93740

E-Mail

SUBJECT: WESTOP SCHOLARSHIP APPLICATION ADDRESS: <u>cosgrad15@mail.fresnostate.edu</u> *ALL documents must be attached in one single email

Important Notice: If awarded a scholarship, you must claim the award within one month of college enrollment. All recipients will be awarded in the Fall of 2019.

All questions may be directed to Alondra Martinez Phone: (559)278-7557

Email: martinez alo@mail.fresnostate.edu

Required Signatures

Student Name (please print):				
Student Signature:	Date:			
A parent/guardian signature is required if the student is un	der 18 years of age. Parent/Guardian agrees to give			
Permission to upload a picture of the student on the WESTOP-CenCal Chapter Website for recognition.				
Parent/Guardian's Name:				
Parent/Guardian's Signature:	Date:			
Nominator Name:				
Nominator Signature:				

Required Signatures (Continued)



Personal Information

Name:					
Last	First	М	M.I.		
Address:					
Street	City	State	Zip		
Phone: ()	Gender: □Female	\square Male \square Non-Binary	7	Birth date:	
Email:					
Residency Status: 🗆 U.S C	itizen □Permanent Re	sident □Other			
Ethnicity or National Ancestry (Check all those that apply):					
□African American, Black	⊡Alaskan	Native 🗆 Ameri	can Indian	□Latin/x	
□Asian, Asian American □Filipina/o		/o □Bi-rac	ial	□Pacific Islander	
□Mexican, Mexican-American, Chicana/o □White/Caucasian □Decline to State					
Do you have a physical or learning disability? \Box Yes \Box No \Box Prefer Not to disclose					
Estimated Family Income for the year 2018: Household Size:					

Educational History				
Current High School/College:	Expected Graduation Date:			
School Address:				
Street	City	State	Zip	
Name of TRIO Program: \Box EOC \Box McNair \Box Educational Talent Search \Box Student Support Services				
\Box SSS-D \Box SSS-V \Box Upward Bound Math & Science \Box Upward Bound \Box Other:				
TRIO Program Participation Dates:	Start date:	End date:		
Name of College/University you plan to attend in the Fall of 2019:				



Accomplishments & Activities

Please attach additional pages to this form if needed				
Please list any recent academic honors, awards, certificates or other achievements:				
1. 2. 3. 4. 5.				
Please list any of your recent and/or current extracurricular activities:				
1. 2. 3. 4.				
5.				

Essay Questions

Instructions: You must submit an essay with your scholarship application packet. Select one of the following questions to answer, and you must address all parts of the essay prompt. Essays must be 500 words per question, typed, double-spaced, and Times New Roman with font 12.

- 1) As a TRiO participant, what program activities were the most memorable and beneficial to you? Identify the TRiO Program staff who has had an impact on your success and how or what did that person do to make an impact? What will you take with you from your involvement with TRiO? How will it make a difference to you?
- 2) Explain what have been the struggles or barriers you have had to overcome to reach this point in your life. How did you manage to overcome them? What have you learned after having overcome those struggles? What, if any impact did those struggles have on your chosen educational and professional goals for the future?



Recommendation Form #1

Name of Student:______ School:______

ATTENTION:

The Recommendation form must be completed by a teacher, high school counselor, community member or any individual who can professionally assess your aptitude and personal qualities. Your WESTOP CenCal Nominator may not submit a Recommendation Form.

To the Recommender:

The above named applicant is applying for a scholarship with the Western Association of Educational Opportunity Personnel (WESTOP) Central California Chapter. Please include any information on the applicant that you feel is pertinent. Please describe the qualities and experiences you believe make this applicant a deserving candidate for the Central California Chapter WESTOP Scholarship. Please return this Recommendation Form in a sealed envelope with your signature across the seal to the student along with an official letter of recommendation.

CATEGORIES	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Academic Achievement					
Motivation					
Initiative/ Independence					
Self-Discipline					
Strength of Character					
Leadership					
Creativity					
Overall Potential					
Name:		Position:		Phone #:	
Name of Program/Business: Date:					
Evaluator's Signa	ture:		Email:		



Recommendation Form #2

Name of Student:_____

School:

ATTENTION:

The Recommendation form must be completed by a teacher, high school counselor, community member or any individual who can professionally assess your aptitude and personal qualities. **Your WESTOP CenCal Nominator may not submit a Recommendation Form.**

To the Recommender:

The above named applicant is applying for a scholarship with the Western Association of Educational Opportunity Personnel (WESTOP) Central California Chapter. Please include any information on the applicant that you feel is pertinent. Please describe the qualities and experiences you believe make this applicant a deserving candidate for the Central California Chapter WESTOP Scholarship. Please return this Recommendation Form in a sealed envelope with your signature across the seal to the student along with an official letter of recommendation.

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Academic Achievement					
Motivation					
Initiative/ Independence					
Self-Discipline					
Strength of Character					
Leadership					
Creativity					
Overall Potential					
Name:		Position:		Phone #:	
Name of Program/Business:		Date:			
Evaluator's Signa	ture:		Email:		



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All completed Scholarship Applications Packets should include the following:

☑ CHECKLIST

Please initial next to each item to very that it has been completed

$_$ \square Signed Scholarship Application

- Signed by student and nominator (Parent/Guardian, if applicable)
- Please add checklist as part of the application

$_$ \Box Two (2) completed and signed Recommendation Forms and Letters

- Letter of Recommendation must be included with each Recommendation Form
- Each in sealed envelopes and may not be completed by the nominator

____ 🗆 Essay Question Response – 500 words minimum.

- Must follow format Typed, Double-Spaced, Font Size-12, Times New Roman
- Must address all parts of the essay prompt

___ 🗆 Transcript (Official or Unofficial)

- High School Student or Current College Student: One (1) Transcript with a GPA of 2.50 or above.
- Adult College Bound Student (Currently attending an Adult High School Diploma Program): One (1) Transcript with a GPA 2.50 or above and you will be obtaining your diploma before the start of the semester.
- Currently attending a GED Program: Letter from institution, stating you need one test to earn GED, and completed before the start of the semester.
- A High School Graduate: One (1) High School Transcript with a GPA 2.50 and indicating you obtained your diploma, or Copy of your diploma and last report card with a GPA of 2.50, or a Copy of your GED Certificate, or your GED Scores indicating you obtained a GED from the Educational Institution you tested with.
- A former college student or graduate student: One (1) Transcript with a GPA 2.50 or above.

_ Scholarship Applications submitted by mail or email

• Please follow instructions on page 2

All questions may be directed to Alondra Martinez Phone: (559)278-7557

Email: martinez alo@mail.fresnostate.edu

GOOD LUCK!