

TO: SBTA MEMBERS

FROM: Clementina Baxter, SBTA Scholarship Chair

RE: Merit Based Scholarship

## Eligibility

To be eligible for an SBTA Merit Based Scholarship, a student must meet the following requirements:

- Currently completing his/her senior year in high school with sufficient credits to graduate in the spring term of 2024.
- ♦ Possess a cumulative grade point average of 2.0 or higher on a weighted 4.0 scale.
- Be a legal dependent of a dues paying member (parent or guardian) of the San Bernardino Teachers Association.
- Intend to enroll in an accredited two or four-year college, university, or vocational school during the fall term of 2024.

## **Application Instructions**

Please read the application carefully and complete all sections; incomplete applications will **NOT** be reviewed.

All applications are to include a typed personal statement of 500-750 words expressing how your high school experience (academics, athletics, extracurricular activities, outside activities, etc.) has prepared you for college, why you should be considered for scholarship support, and any other information you wish to share that may be of importance to the selection committee in their evaluation of your application.
Include two (2) letters of recommendation from an appropriate teacher, counselor, and/or administrator who is familiar with your academic performance.
Include with your application an OFFICIAL TRANSCRIPT (with an official seal) from your high school, listing your GPA and Class Standing.

Forward your completed application by Postal Mail to the

San Bernardino Teachers Association

1997 East Marshall Blvd

San Bernardino, CA 92404

Application is Due NO later than Friday, March 15, 2024 @ 5pm

WE REGRET THAT LATE APPLICATIONS WILL NOT BE CONSIDERED FOR ANY REASON

(application on the reverse side)

## San Bernardino Teachers Association

2024 Merit Based Scholarship Application

**STUDENT PROFILE:** (Please type or print)

Name							
Email Address: _			Date of Birt	h			
Address							
	Street			Apartment/Suite #			
	City		Zip		Telephone		
SBTA <b>MEMBER's</b> _	Name			Relationship			
SBTA Member's C	Current School Work Site o	or Assignment	Member's	Person	al Email Address		
Office Verification Only: SBTA/CTA ID #:	SBTA	Member:	Yes	No	Verified By:		
Number of Sibling	gs currently residing in the	home	_ Age(s) _				
Number of Sibling	gs currently enrolled in Co	ollege					
HIGH SCHOOL							
PRESENT HIGH SC	HOOL						
G.P.A	COLLEGE OF CH	HOICE					
CLASS RANKING	/TE	NTATIVE MAJO	R				
Have you been no	tified that you are a recipie	nt of any others	cholarship(s)	ŝ	_ How many?		
Name(s) of Schola	rship		Amount \$				
Have you already	been accepted to or admit	ted by a colleg	e or universit	۸ŝ			
Name of College/	University						
ACTIVITIES PR	COFILE:						
In the space provide activities. Indicate	ded, please list all (past and any office(s) held or award	present) extra-d(s) received.	curricular, so	cial, and	or community service		
1		2					
3.		4					
Are you currently e	employed?If so,	where?					
Do you plan to wo	rk during the summer?	If so Where	8				
Do you plan to wo	IN GOILING THE SOUTHFILETY	11 30, 1111010	\ <u> </u>				