

# 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.
- Members can be awarded this grant one time and have a chance to be awarded the renewal grant one time.
- Applicants attending the CSEA No-Cost College Programs should not apply for this grant. Instead they can apply for a Member Reimbursement Subsidy.

### 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 via email to *[scholarships@csea.com](mailto:scholarships@csea.com)* **by October 31** or via mail with 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.**

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 the recipient upon submission of proof of enrollment.

***If you have questions about this application, call CSEA Member Benefits at (866) 487-2732 or email [scholarships@csea.com](mailto:scholarships@csea.com)***



# 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. Phone number \_\_\_\_\_

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 \_\_\_\_\_ Chapter 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 emailed **by October 31** to [scholarships@csea.com](mailto:scholarships@csea.com) or mailed with a postmark **no later than midnight, October 31** 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 INFORMATION

a. **Adjusted Gross Income:** Enter the adjusted gross income amount from your most recent tax return:

\$ \_\_\_\_\_

b.

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

**Total Projected Annual 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.)

1. **Letter of Recommendation** 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. **Chapter Participation Form** (available at [www.csea.com/education](http://www.csea.com/education)) to be completed by a current officer of your local chapter and returned to you to submit with your application.

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.

Submit this application and supporting documentation via email to [scholarships@csea.com](mailto:scholarships@csea.com) by **October 31** or mailed with a postmark **no later than October 31** to:

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Member Benefits  
2045 Lundy Avenue, San Jose, CA 95131**