

TAFT COLLEGE COMMUNITY SCHOLARSHIP APPLICATION

Incoming Student _____ Continuing Student _____ Graduating Student _____

Section A:

NAME _____

ADDRESS _____

H.S. ATTENDED _____ COUNTY _____

PHONE NUMBER: _____ CUMULATIVE H/S GPA _____

DO YOU OR HAVE YOU LIVED IN THE TAFT/MARICOPA COMMUNITY? _____

IF SO, HOW LONG? _____ WHEN? _____

Section B:

PROPOSED MAJOR /FIELD OF STUDY _____

WHERE DO YOU PLAN TO TRANSFER? _____

WHEN? _____

WHAT ARE YOUR LONG-TERM EDUCATIONAL PLANS? _____

WHAT ARE YOUR VOCATIONAL PLANS? _____

WHAT ARE YOUR PLANS FOR FUNDING YOUR EDUCATION? _____

ORGANIZATIONS AND ACTIVITIES IN WHICH YOU HAVE PARTICIPATED
(High School or Community College)

LEADERSHIP (offices held and awards received)

COMMUNITY (Activities - Church, Civic, Clubs, etc.)

Submit a biographical letter of approximately 250 words. This letter is very important as this may be the only contact you have with the committee. If there are any special circumstances, please indicate this in your letter.

Return the completed application to Barbara Wingler in person at the Taft College Student Services Building. By mail to: Taft College Attn: Barbara Wingler 29 Emmons Park Drive, Taft CA 93268. By e-mail to: bwingler@taft.org

I authorize the release of any and all personal information needed to review this application.

Applicant's Signature

Date

Social Security Number

Scholarship awards are based on full-time enrollment unless otherwise stated by the organization donating the scholarship.