

\*\*\* Submit to [mbtahelp@gmail.com](mailto:mbtahelp@gmail.com) by Wednesday, March 31st, 2025 \*\*\*

## MONTEREY BAY TEACHERS ASSOCIATION

### MEMBER-DEPENDENT SCHOLARSHIP APPLICATION

(Email your completed form to [mbtahelp@gmail.com](mailto:mbtahelp@gmail.com), or mail a hard-copy to PO Box 150, Monterey, CA, 93942)

#### Criteria Are:

1. The recipient shall be a graduating high school senior.
2. The recipient shall meet eligibility requirements for freshman admission to any college or career institution at the time of graduation from high school. The recipient shall have up to one year to claim the scholarship.
3. A parent or guardian must be a member of the bargaining unit for three (3) consecutive years immediately prior to the year of scholarship application or, in the case of retirees, three (3) consecutive years prior to retirement.
4. Two (2) letters of recommendation must be included with this application. At least one of the letters needs to be from a teacher, site administrator, or site counselor, along with the attached "Applicant Assessment" form. Recommendations should be on letterhead stationery and the writer must include his/her title.
5. All information must be included on the form. **Do not attach additional pages.**
6. All information must be typed.
7. The response to the essay portion "Why Do You Think You Should Be Considered for the Scholarship" must be 200-300 words.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

College planning to attend:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

College Major: \_\_\_\_\_ Career Goal: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

#### **Activities and Awards**

In what school activities have you participated? : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What awards/recognition have you been granted? : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



