In our continuing commitment to promote awareness and education, the Salinas Valley Chapter of California Women for Agriculture (CWA) offers two scholarship programs for women in Monterey, San Benito and Santa Cruz Counties. There is no age restriction for either of these scholarships, nor is either based upon financial need. Scholarships range from $500 to $2,000. Winners will be announced in May 2016 for the 2016-2017 academic year.

Requirements for the Women Pursuing Degrees in Agriculture Scholarship

Must be a female resident or high school graduate from Monterey, San Benito or Santa Cruz County.

1) Must be pursuing a bachelor’s degree, an associate’s degree, or a degree from an accredited trade school in agriculture or related subject area. [This scholarship is only for undergraduate degrees and trade schools.]

2) If applicant is in high school when applying, they must have a cumulative GPA of 3.0 or higher.

3) If the applicant is enrolled in a college or trade school when applying, they must have a cumulative GPA of 2.8 or higher.

Requirements for the Farm Worker Scholarship

Must be a female resident or high school graduate from Monterey, San Benito or Santa Cruz County.

1) Must be employed as a farm laborer or have at least one parent or a spouse who has been employed as a farm laborer for two consecutive seasons in Monterey, San Benito or Santa Cruz County.

2) Must be pursuing a bachelor’s degree, an associate’s degree or a degree from an accredited trade school in any subject area.

3) If the applicant is in high school when applying, they must have a cumulative GPA of 3.0 or higher.

4) If the applicant is enrolled in a college or trade school when applying, they must have a GPA of 2.8 or higher.

Checklist for CWA Scholarship Applicants- Applications due Monday April 4, 2016.

Late or incomplete applications will not be considered. Before mailing your application, make sure you have included:

- CWA Scholarship Application Form
- Statement of Educational Purpose
- School and Community Activities
- Certification of Application
- Recommendation Form- 1 recommendation required
- Official High School or College Transcripts (most recent)
- Employment Verification Form (Farm worker scholarship only)

Finalists may be required to meet with the CWA Scholarship Committee for an interview. The completed application including recommendations and official transcripts must be postmarked no later than MONDAY, APRIL 4, 2016, and mailed to the following address:

CWA Scholarship Committee - P.O. Box 1210, Salinas, CA 93902

Please contact scholarship@salinascwa.org if you have any questions or need more information.
Farm Worker Scholarship

The definition of “Farm Worker” - A person who labors in the fieldwork, production, and/or manufacturing of agricultural products. This definition does not include anyone who is employed as an office worker (clerical, technical, sales), or anyone who is a partner/owner of such an agricultural company or livestock ranch.

Name: ____________________________ Birth date: ____________________________

Address: ____________________________ E-mail: ____________________________

Phone: ____________________________

Father’s occupation: ____________________________ Mother’s occupation: ____________________________

Relation to Farm Worker: (Circle One) Self Parent Spouse Other ____________________________

EDUCATION

High School

School name: ____________________________ Dates attended: ____________________________

G.P.A: _______ SAT or ACT (if applicable): _______ Graduation date: ____________________________

College –Complete only if currently enrolled in college

School name: ____________________________ Dates attended: ____________________________

G.P.A.: _______ Major: ____________________________ Graduation date: ____________________________

*See new GPA requirements for college

How many units you will have completed by June 2017

Quarter system units: _____ Semester system units: _____

College level Fall 2016: (Circle one) Freshman Sophomore Junior Senior

Expected college graduation date: ____________________________

What college will you be attending in Fall 2016? ____________________________

How many units do you intend to enroll in for Fall 2016? ______

Are you a past CWA Scholarship Recipient? ______ If yes, what year(s)? ____________________________

How did you hear about the CWA Scholarship? (Circle one) School Work Parent’s Work Other ______
Farm Worker Scholarship

STATEMENT OF EDUCATIONAL PURPOSE

Please answer each essay question and attach as one separate document. Each essay title should be the essay number and question. Please make sure that you put your name on each essay. Each essay should be a minimum of 250 words and a maximum of 400 words. This statement will weigh heavily in consideration for the scholarship award.

Essay 1: Describe your educational and career goals. What career and/or degree are you considering or decided upon and why?

Essay 2: Who is the most influential person in your life? How does this person make you want to be better?

SCHOOL AND COMMUNITY ACTIVITIES

In the space below (or as an attached document), please list all school and community activities in which you have been involved. Please include dates of participation, awards won and offices held.

____________________________________________________________________________________

____________________________________________________________________________________

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In the space below (or as an attached document), please list any work experience.

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________
Farm Worker Scholarship

CERTIFICATION OF APPLICATION

I hereby certify that I have completed all of the information on this application and to the best of my knowledge, it is correct and accurate. I acknowledge that all information on this application may be disclosed to third parties for the purpose of scholarship award consideration. If I am selected for a scholarship award, I will notify the California Women for Agriculture Scholarship Committee promptly of any change in major, college residence or enrollment that would affect my eligibility for this award. Additionally, if selected, I will keep the Salinas Valley Chapter of California Women for Agriculture informed as to my whereabouts and employment progress following graduation.

______________________________________________
Applicant’s name

______________________________________________
Signature

______________________________________________
Date
Applicant: Please choose a person who knows you well but is not related to you to write a recommendation using this form or a separate letter.
One recommendation is required

Applicant’s name: ____________________________________________

This page to be completed by reference:

Name: ____________________________________________ Signature: _______________________________
Address: ____________________________________________ Phone number: ___________________________
E-Mail address: ______________________________

Your relation to the applicant (must not be a relative or personal friend):
Examples include teacher, employer, coach, clergy member, mentor, or counselor.

Please indicate your association with the applicant and how well you know her. In the space provided below, please address why you believe the applicant is a worthy candidate for the California Women for Agriculture Scholarship.

***You may submit a letter of recommendation on letterhead with all the requested information instead of using this form.

__________________________________________
__________________________________________
__________________________________________
__________________________________________

Important Deadline: All letters of recommendation must be postmarked or emailed no later than April 4, 2016. Late applications and/or letters, and incomplete applications will not be considered.

You may mail or email completed recommendations directly to:

CWA Scholarship Committee
P.O. Box 1210, Salinas, CA 93902
scholarship@salinascwa.org
VERIFICATION OF EMPLOYMENT FORM

Please have your manager sign that the information below is correct or if your relationship to a farm worker is someone other than yourself, please ask them to take this form to their manager or human resources department and have the manager sign that the information below is correct.

Company name ________________________________________________________________

Name of supervisor/HR department manager _______________________________________

Phone number of supervisor/HR department manager ________________________________

Years employed with company ____________________________________________________

Description of company _______________________________________________________________________

Employee’s occupation/title __________________________________________________________

Signature of supervisor/HR department manager _________________________________________

Scholarship Applicant’s name: ________________________________________________________

*Please submit this form with your application.*