January 2019

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 2019 for the 2019-2020 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.

Applications due Tuesday, March 19, 2019

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. Late or incomplete applications will not be considered. The completed application including recommendations and official transcripts must be postmarked no later than Tuesday, March 19, 2019, and mailed to the following address:

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

Please contact scholarship@salinascwa.org or 707-799-6458 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: ________________________________

Last   First   Middle   Month  Day  Year

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: ___________________________ Expected Graduation date: ______

How many units you will have completed by June 2019 Quarter system units: _____ Semester system units: _____

College level Fall 2019: (Circle one) Freshman Sophomore Junior Senior

Expected college graduation date: ______________________

What college will you be attending in Fall 2019? ______________________________________

How many units do you intend to enroll in for Fall 2019? ______________

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_______
STATEMENT OF EDUCATIONAL PURPOSE

Please answer each essay question and attach as one separate document. Each essay should be a minimum of 250 words and a maximum of 500 words. Include your name on each essay and title each essay with the essay number and question. These statements will weigh heavily in consideration for the scholarship award. If you have submitted a scholarship application in prior years, please provide new essays.

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
CALIFORNIA WOMEN FOR AGRICULTURE
SCHOLARSHIP APPLICATION

Farm Worker Scholarship
RECOMMENDATION FORM

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 with all the requested information on letterhead instead of using
this form.

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You may mail or email completed recommendations directly to:

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

Important Deadline: All letters of recommendation must be postmarked no later than Tuesday,
March 19, 2019. Late applications and/or letters, and incomplete applications will not be
considered.
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.
Consent Form

If I am chosen as scholarship recipient, I __________________________ agree that the information on my CWA application (excluding personal information such as; address, phone number and email address) may be shared with 3rd parties for the purpose of publicity with CWA donors, educational entities and interested parties. I also give permission for my photograph to be used for any publicity relating to CWA and its scholarships.

_________________________________________  __________________________
Name                                           Date

If scholarship applicant is under 18 years of age, please have parent or custodian sign below:

_________________________________________  __________________________
Name                                           Date

By not signing this disclosure, it will not affect in any way your chances of receiving a scholarship.