



CALIFORNIA WOMEN FOR AGRICULTURE *SCHOLARSHIP PROGRAM*

January 2018

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 2018 for the 2018-2019 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 Monday, March 19, 2018

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 **Monday, March 19, 2018**, 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 2018 Quarter system units: _____ Semester system units: _____

College level Fall 2018: (Circle one) Freshman Sophomore Junior Senior

Expected college graduation date: _____

What college will you be attending in Fall 2018? _____

How many units do you intend to enroll in for Fall 2018? _____

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

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.*

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 **Monday, March 19, 2018**. 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.