



Ontario-Montclair Teachers Association Retiring Educators Scholarship Announcement



Purpose: To honor educators, upon retirement, by awarding a scholarship to a person who intends to **seek a career in education**, who is:

1. A deserving student who attended school in the Ontario-Montclair School District, OR
2. An employee of the district or Ontario-Montclair Teachers Association, OR
3. A dependent of an employee of the Ontario-Montclair School District or Ontario-Montclair Teachers Association.

Amount of scholarship: Minimum of \$500.00

How to apply:

1. There are three ways to obtain the application forms.
 - A. Phone the OMTA Office Manager at 909 986-2414.
 - B. Pick it up at the OMTA office at:
417 West "E" Street, Ontario, CA 91762
 - C. Download it from our website at **www.myomta.org**.
2. Deadline for submitting applications to the OMTA office – **Friday, April 12, 2019**.
3. Request that two persons, other than relatives, complete recommendation forms for you. The required forms are attached to the application. They must be received on or before **Friday, April 12, 2019**.
4. Request a transcript for all high school or college work to be sent to reach the Scholarship Committee, c/o OMTA office on or before **Friday, April 12, 2019**.
5. A personal interview may be required.
6. All materials submitted will be kept confidential and become the property of the Association.

Announcement of Scholarship

The scholarship(s) will be awarded at a special OMTA event at the Pomona Valley Mining Company on Friday, May 17, 2019. The recipient(s) will receive a complimentary ticket to attend this event.

Additional Information

Contact the OMTA office at (909) 986-2414 if you have any questions or wish additional information.

Ontario-Montclair Teachers Association
417 West "E" St
Ontario, CA 91762

**Ontario-Montclair Teachers Association/CTA/NEA
Retiring Educators Scholarship
Application**

1. Name: _____ Phone: _____

2. Address: _____ City: _____ Zip: _____

3. Age: _____ Year in School: _____

4. School Attending: _____

5. Qualification for Scholarship:

_____ Attended Ontario-Montclair elementary or middle school.

Which school(s):

or, what position does parent or self hold in Ontario-Montclair School District?

6. College(s) applied to and/or accepted: _____

7. College you are attending or plan to attend:

8. Educational Goal: 13 14 15 16 Masters Doctorate (Circle one)

9. College major _____ For what area in education are you

planning to prepare? _____

10. Why do you want to be a teacher? _____

11. Work experience: _____

12. Indicate below extra curricular activities in which you have participated in high school/ college. List offices or responsibilities under each.

a. Student Government: (Include A.S.B., Class, Council, etc.): _____

b. Club member: _____

c. Club officer: _____

d. Participation in school programs (band, drill team, drama, etc.): _____

e. Honors received: _____

f. Community activities: _____

g. Special Interests: _____

Recommendations: Please ask two persons who know you well to complete and mail the Confidential Recommendations Forms to the:

Ontario-Montclair Teachers Association
417 West "E" Street
Ontario, CA 91762
(909) 986-2414

- 1. _____
- 2. _____

Signature of Applicant

Date

**Ontario-Montclair Teachers Association/CTA/NEA
Retiring Educators Scholarship
Confidential Recommendation Form**

_____ is applying for the Ontario-Montclair Teachers Association Retiring Educator's Scholarship. You are asked to complete the information requested below in order to assist the Scholarship Committee in determining his/her qualifications. Your recommendation is important and will be kept confidential.

1. How long have you known the applicant and in what capacity? _____

2. How committed do you feel the applicant is toward pursuing a career in education?

3. To what extent do you believe the applicant and his/her family are able to finance his/her college education? (Check appropriate item)
_____ Not at all _____ Some _____ All _____ Half
_____ Very little _____ No information

4. This applicant is (Check one):
_____ Strongly recommended _____ Recommended with reservation
_____ Recommended _____ Not recommended

5. Please comment on any qualifications or circumstances which you feel are particularly significant in relation to the applicant and his/her application. (Use reverse side if necessary).

Signature

Address City, State, Zip

Mail to: Ontario-Montclair Teachers Association
417 West "E" Street
Ontario, CA 91762

Recommendation forms must be received at the Ontario-Montclair Teachers Association no later than April 12, 2019. (Postmarked date will not be accepted)

**Ontario-Montclair Teachers Association/CTA/NEA
Retiring Educators Scholarship
Confidential Recommendation Form**

_____ is applying for the Ontario-Montclair Teachers Association Retiring Educator's Scholarship. You are asked to complete the information requested below in order to assist the Scholarship Committee in determining his/her qualifications. Your recommendation is important and will be kept confidential.

1. How long have you known the applicant and in what capacity? _____

2. How committed do you feel the applicant is toward pursuing a career in education?

3. To what extent do you believe the applicant and his/her family are able to finance his/her college education? (Check appropriate item)

_____ Not at all _____ Some _____ All _____ Half
_____ Very little _____ No information

4. This applicant is (Check one):

_____ Strongly recommended _____ Recommended with reservation
_____ Recommended _____ Not recommended

5. Please comment on any qualifications or circumstances which you feel are particularly significant in relation to the applicant and his/her application. (Use reverse side if necessary).

Signature

Address

City, State, Zip

Mail to: Ontario-Montclair Teachers Association
417 West "E" Street
Ontario, CA 91762

Recommendation forms must be received at the Ontario-Montclair Teachers Association no later than April 12, 2019. (Postmarked date will not be accepted)

**ONTARIO-MONTCLAIR TEACHERS ASSOCIATION
RETIRING EDUCATOR SCHOLARSHIP
FINANCIAL NEED STATEMENT**

This information you provide on this form will be used in determining your need for this scholarship and will be kept confidential. Please answer all the questions completely and accurately. If you have any questions, please telephone the OMTA office.

1. Applicant's name: First _____ Last: _____
2. Age _____
3. Address _____ City _____ Zip _____
4. With whom do you live?: _____
5. Applicant's job: _____
6. Take-home pay _____
7. If living with parent(s):
Father's Name/Occupation: _____
Mother's Name/Occupation: _____
Father's Take-home pay: _____
Mother's Take-home pay: _____
8. If living on your own, household income for adults including spouse/significant other:

9. Check if you receive money from: Soc. Sec.: _____ Welfare: _____
Retirement: _____ Veteran's Administration _____ Unemployment _____
Other _____ How much? _____
10. Do you support a relative? (Father, Mother, Brother, etc.): _____

11. Estimate your education costs:
Tuition, books: _____
Transportation: _____
Living Exp.: _____
12. Use this space or reverse side for comments or other information you want to include.

Signature of Applicant

Date