



## 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 6, 2018**.
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 6, 2018**.
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 6, 2018**.
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 will be awarded at a special OMTA event at the Pomona Valley Mining Company on Friday, May 4, 2018. The recipient 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: \_\_\_\_\_

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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.): \_\_\_\_\_

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b. Club member: \_\_\_\_\_

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c. Club officer: \_\_\_\_\_

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

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e. Honors received: \_\_\_\_\_

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f. Community activities: \_\_\_\_\_

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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 6, 2018. (Postmarked date will not be accepted)

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Retiring Educators Scholarship  
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\_\_\_\_\_ 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

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**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

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Date