### APPLICATIONS MUST BE POSTMARKED BY JULY 1, 2019



Raoul Teilhet was president of the California Federation of Teachers during the 1970s when education employees in California had just won collective bargaining rights. Teilhet helped bring the benefits of belonging to an AFT union to thousands of education employees and their families.





### SCHOLARSHIP ELIGIBILITY

- Through the CFT Raoul Teilhet Scholarship Program, scholarships are available to undergraduate continuing college students who are children or dependents of CFT members in good standing, or children of deceased CFT members.
- Scholarships are available to students attending community colleges, four-year colleges or universities, technical or art schools. The award grants for the 2019-20 academic year will be a maximum of \$1000 for students attending two-year schools and \$3000 for those attending four-year colleges. The award is for one year only.
- Awards are based on factors which include academic achievement, financial need, special talents and skills, and a required essay. You must be listed as a dependent on your parents' or guardians' tax return to be eligible for this scholarship.
- High school seniors who received Raoul Teilhet scholarships are not eligible to apply for Raoul Teilhet scholarships as continuing college students. Continuing college students who received Raoul Teilhet scholarships are not eligible to apply again.
- All complete applications must be **postmarked no later than July 1, 2019.** All applicants will receive notice of their status by September 30, 2019.
- Applications may be obtained at **www.cft.org**, from AFT/CFT local unions, or by contacting: Raoul Teilhet Scholarship Program California Federation of Teachers, 2550 North Hollywood Way, Suite 400, Burbank, CA 91505 (818) 843-8226

### **APPLICATION REQUIREMENTS**

- 1. You must use the current year's application form. The application form must be complete and all requirements must be met to be considered. Applications without all of the components listed below will not be considered. Do not send any of the components separately.
- 2. Official transcript: Submit your most recent official transcript, preferably in a sealed envelope, for at least the last two semesters or equivalent.
- 3. Parents' tax return: Enclose a copy of the first two pages your parents' signed Federal Tax Return for 2018. Please strike out Social Security numbers. All tax returns and financial information will be kept confidential by the CFT.
- 4. Essay: In the spirit of inspirational leader Raoul Teilhet, address a social problem and your role in solving it. Your typed, doubled-spaced, and titled essay should not exceed 500 words.
- 5. **Member verification form:** The union verification form on page 7 must be completed by the applicant's parent or guardian, signed by the president of the member's AFT/CFT local union and submitted with the application.
- 6. Rating sheets: Enclose with your application two sealed rating sheets (pages 8 and 9) one from a **professor** and one from a **community member** who is familiar with your achievements and abilities. Instruct each of your references to sign his or her name across the seal of the envelope.
- 7. Application checklist and certification: Complete the checklist and certification on page 6.
- 8. Retain a copy of the completed application for your records. Enclose a return receipt postcard if you want confirmation that your application was received.

### Please complete your application in Adobe Reader!



This is a fillable pdf. Download the pdf and open it in the free software Adobe Reader. This will allow you to fill out the application electronically, easily make changes, save, and print it.

# **APPLICATION FORM FOR CONTINUING COLLEGE STUDENTS**

Read all instructions carefully before completing the application. Please type or print clearly.

NAME		AGE	
HOME ADDRESS			
CITY	STATE	ZIP	
PHONE	EMAIL		
DATE OF BIRTH	GENDER		
Family Information			
Family Information			
FATHER'S NAME		AGE	
· · · · · · · · · · · · · · · · · · ·			
MOTHER'S NAME		AGE	
GUARDIAN'S NAME		AGE	
Family Union Membership			
☐ Father ☐ Mother ☐ Guardian			
LOCAL UNION NAME AND NUMBER			
☐ Father ☐ Mother ☐ Guardian			
LOCAL UNION NAME AND NUMBER			
☐ Deceased Parent			
DATE OF DEATH		APPROXIMATE YEARS PARENT WAS AN AFT MEMBER	
SALES SEATT		ALL TOURISH LEGICOL AILENT WAS AN AFT WEINDER	
LOCAL UNION NAME AND NUMBER TO WHICH PARENT BELONGED			

# **Educational Information** College attended in 2018–19 \_\_\_\_\_\_ ADDRESS In 2018–19, did you receive financial aid? ☐ Yes ☐ No If yes, what was the annual amount?\_\_\_\_\_ **GPA** College GPA \_\_\_\_\_ **Future Educational Plans** In the fall of 2019, I plan to attend: ☐ Community college Name of school \_\_\_\_\_ ☐ Four-year college or university Name of school \_\_\_\_\_ ☐ Trade or technical school Name of school ☐ Art school Name of school \_\_\_\_\_ ☐ As a full-time student ☐ As a part-time student

### **Official Transcript**

MAJOR OR FIELD OF STUDY

Submit your most recent official transcript, preferably in a sealed envelope, for at least the last two semesters or equivalent. Applications without official transcripts will not be considered.

## **Campus and Community Activities During College Years**

List the campus or community activity and check the years you participated in that activity.

Activity	1st	2nd	3rd	4th	Hours/week	Positions held or honors won

Si	pe	cial	Tal	ents
_		-	-	

Describe your special talents and skills in the arts (visual, music, theater, dance, writing), athletics, or other special talents r accomplishments. Also list any special awards you have received in any of these areas.			
Please obtain signatures of professors, coaches,	or other persons familiar with y	our accomplishments.	
SIGNATURE	JOB TITLE	DATE	
SIGNATURE	JOB TITLE	DATE	
Other Information			

Please list and describe any other activities, commitments, jobs or causes you have been involved in while in college. Attach additional sheets if needed.

### **Estimated Financial Need**

Indicate below where you plan to live during the school year.		
☐ Home ☐ Dorm ☐ Off-campus apartment		
List the total cost of education for the year (found in the college catalogue or on the c	ollege websi	te).
Tuition		\$
Books/materials		\$
Transportation		\$
Housing/meals		\$
Total for the cost of education for one year	•••••	\$
- Expected financial aid from the college or university	minus	\$
- Other scholarships you have been awarded	minus	\$
- Expected income from employment	minus	\$
- Parental support	minus	\$
Calculate the new amount you will need by subtracting your resources		
(financial aid and any other sources listed above) from the cost of education		\$
Please list the names and ages of other family members who will be enrolled in a coll during the 2019–20 academic year?	ege or unive	rsity half-time or more
Please provide any additional information that you believe would be helpful to the So your financial need.	cholarship Co	ommittee in assessing

### **Parents' Federal Tax Returns**

You must submit a copy of the first two pages of your parents' signed Federal Tax Return for 2018. Please strike out Social Security numbers. You must be listed as a dependent on your parents' or guardians' tax return to be eligible for this scholarship.

### **Essay**

In the spirit of inspirational leader Raoul Teilhet, address a social problem and your role in solving it. Your typed, doubled-spaced, and titled essay should not exceed 500 words. Applications without essays will not be considered.

### **Application Checklist**

M	aterials sent separately will not be considered. Your application will not be considered if it is incomplete.
	<b>Application form:</b> All sections on pages 1 through 4 are completed.
	<b>Official transcript:</b> Your most recent official transcript for at least the last two semesters or equivalent is enclosed.
	Parents' federal tax return: A signed copy of the first two pages of your parents' 2018 Federal Tax Return is enclosed.
	Essay: Your 500-word essay (double-spaced and titled) is enclosed.
	<b>Member verification form:</b> The completed form on page 7 is enclosed.
	Rating sheets: Two rating sheets (pages 8 and 9), in envelopes signed over the seal, are included.
	<b>Certification:</b> The application is signed below.
	<b>Photocopy:</b> Make a photocopy of the completed application for your records.
	<b>Return receipt postcard:</b> If you want confirmation your application was received, a return receipt card is enclosed.

Use this checklist to complete your application. All materials must be submitted along with this application.

### **Certification**

I, the undersigned, certify that all of the information I have included in and with my application is true. I understand that if I am selected for an award, I will need to submit proof of my enrollment in an accredited college, community college, university, or recognized art, trade or technical school. I agree that if I am selected for an award, my name and/or photograph may be used for publicity purposes with no additional compensation by the sponsors of this scholarship program. I also certify that I have read and understand the information above.

SIGNATURE OF APPLICANT DATE

### **Mail Completed Application**

Raoul Teilhet Scholarship Program California Federation of Teachers 2550 North Hollywood Way, Suite 400 Burbank, CA 91505 (818) 843-8226

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**Scholarship Applicant** 



### **MEMBER VERIFICATION FORM**

This form must be completed by the applicant's parent or guardian, verified by the AFT/CFT local union president, and submitted with the application to qualify for consideration for the Raoul Teilhet Scholarship. If the parent is deceased, the applicant should take this form to the current AFT/CFT local union president for verification that deceased parent was a member. Please type or print clearly.

NAME					
A FT/CFT	Manada an				
AFT/CFT I	viember				
I,			, ve	rify that I have been a me	mber in good standing in the
NAME OF AFT	T/CFT MEMBER				
NAME OF UN	ION				
AFT Local		since			
- In T Locus	NUMBER		YEAR		
			. 2		
SIGNATURE OF UN	NION MEMBER				DATE
AFT/CFT L	ocal Union Pr	esident			
					application package. Please
complete it j considered.	promptly and retur	n it to the applica	ant for submission.	Applications without this	completed form will not be
I verify that t	the above informat	ion is true and co	omplete to the best	of my knowledge.	
·			•	, c	
SIGNATURE OF LO	OCAL UNION PRESIDENT		PRINT NAME		DATE
50D 055105 H05 0	2011				
FOR OFFICE USE O	JINLT				
AFT/CFT LOCAL NA	AME AND NUMBER			MEMBERSHIP VERIFIED	DATE



NAME OF APPLICANT





EMAIL

To the scholarship applicant: Give each of your two references a rating sheet and an envelope in which to place the form once it is completed. Include both rating sheets when you submit your application.

PHONE

To the reference: The student giving you this form is in the process of applying for a Raoul Teilhet Scholarship from the
California Federation of Teachers, AFT, AFL-CIO. We are primarily interested in whatever you know and think is importan
about the applicant's academic and/or personal qualifications. Please complete this form promptly, place it in a sealed
envelope, and write your name across the seal. Give the form to the applicant who will include it with his or her appli-
cation. We are grateful for your assistance. Please print or type clearly. <b>Confidentiality:</b> Your comments and ratings will
be kept confidential by the California Federation of Teachers.

NAME OF REFERENCE	POSITION OR TITLE	
ADDRESS		
PHONE	EMAIL	
How long have you known this student and in what context?		

Ratings: Compared to other college students you have known or worked with, how do you rate this student?

	No basis	Below average	Average	Above average	Well above average	Excellent (top 10%)	One of the top few in my career
Creative, original thought							
Motivation							
Self-confidence							
Independence, initiative							
Intellectual ability							
Academic achievement							
Written expression of ideas							
Effective class discussion							
Disciplined work habits							
Potential for growth							

**Evaluation:** On another sheet of paper, please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty and/or community leaders, and reaction to setbacks. We welcome information that will help us differentiate this student from others.

SIGNATURE OF REFERENCE DATE



NAME OF APPLICANT





EMAIL

**To the scholarship applicant:** Give each of your two references a rating sheet and an envelope in which to place the form once it is completed. Include both rating sheets when you submit your application.

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cation. We are grateful for your assistance. Please print or type clearly. <b>Confidentiality:</b> Your comments and ratings will
be kept confidential by the California Federation of Teachers.

NAME OF REFERENCE	POSITION OR TITLE	
ADDRESS		
PHONE	EMAIL	
How long have you known this student and in what context?		

Ratings: Compared to other college students you have known or worked with, how do you rate this student?

	No basis	Below average	Average	Above average	Well above average	Excellent (top 10%)	One of the top few in my career
Creative, original thought							
Motivation							
Self-confidence							
Independence, initiative							
Intellectual ability							
Academic achievement							
Written expression of ideas							
Effective class discussion							
Disciplined work habits							
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