

Applicant's Name \_\_\_\_\_  
Last, First

Office Use

**CALIFORNIA  
TEACHERS  
ASSOCIATION**



## 2011 L. Gordon Bittle Memorial Scholarship for SCTA

### Directions:

- Type or print (clearly).
- SCTA membership number is required.
- This scholarship is not available to those working in schools as members of CTA. CTA members (including those with an emergency credential) should complete the CTA Scholarship for Members application form.

### MEMBERSHIP VERIFICATION

1. Applicant is certified to be:  Active Member of Student CTA (SCTA).

2. Name of Scholarship Applicant \_\_\_\_\_  
First Last

3. Home Address \_\_\_\_\_  
Number & Street City State Zip

4. Mailing Address \_\_\_\_\_  
Number & Street City State Zip

5. Student CTA Membership Number (**REQUIRED**) \_\_\_\_\_

6. College Campus \_\_\_\_\_  
Name in Full

Address \_\_\_\_\_  
Number & Street City State Zip

(continued on back)

Applicant's Name \_\_\_\_\_  
Last, \_\_\_\_\_ First

**CALIFORNIA  
TEACHERS  
ASSOCIATION**



## 2011 L. Gordon Bittle Memorial Scholarship for SCTA

**Directions:**

- Type or print (clearly).
- Applicant's signature is required.

### APPLICANT INFORMATION

NAME \_\_\_\_\_  
First Middle Last Telephone

Male  Female

High School/Colleges Attended

Dates of Attendance

Diploma/Degree

<u>High School/Colleges Attended</u>	<u>Dates of Attendance</u>	<u>Diploma/Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I am a college student presently attending \_\_\_\_\_

Number of college units completed \_\_\_\_\_

- Check box and incorporate into Applicant's Statement any special circumstances related to medical, physical or emotional difficulties that may have affected your grades.  
(See page 3 of 6)

(Official transcripts required. See "Application Instructions" page 3.)

2. I plan to attend \_\_\_\_\_

Anticipated date of completion of degree/credential \_\_\_\_\_

*I HEREBY AFFIRM that I intend to be enrolled in an accredited school of higher education as a full-time student or as a candidate for an approved credential or degree program. I understand that no funds shall be transmitted until CTA receives notification from the registrar of the college or university verifying my enrollment. I understand that enrollment must be completed within the current calendar year.*

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature of Applicant

Applicant's Name \_\_\_\_\_  
Last, \_\_\_\_\_ First

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2011 L. Gordon Bittle  
Memorial Scholarship for SCTA

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**Directions:**

- Please describe your personal attributes, unique qualities and future goals in a MAXIMUM of 250 words. Longer statements will not be read beyond 250 words.
- Incorporate an explanation of any unique circumstances related to medical, physical or emotional difficulties that may have affected your grades.
- Type on this page or attach a separate sheet.
- Statement **must** be **double-spaced**. Font size **must** be 12 pt. or larger. A standard font is required.
- Do not hand write.
- **Points will be deducted if the guidelines are not followed.**

**APPLICANT'S STATEMENT**

Applicant's Name \_\_\_\_\_  
Last, First

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## 2011 L. Gordon Bittle Memorial Scholarship for SCTA

**Directions:**

- Please complete this page with information regarding your participation in school and community activities.
- Do not submit additional pages. Select those activities you feel are important.
- Specify any offices held.
- Type or print (clearly) on this page or attach a separate sheet.

### **SCHOOL/COMMUNITY/PROFESSIONAL RECORD**

**SCHOOL ACTIVITIES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**PROFESSIONAL ACTIVITIES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**COMMUNITY ACTIVITIES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last, \_\_\_\_\_ First

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## 2011 L. Gordon Bittle Memorial Scholarship for SCTA

### LETTER OF RECOMMENDATION #1 – Educator – not a family member (Teacher, Counselor, Administrator, School Coach, College Professor)

**Directions:**

- Type on a separate page and attach recommendation to this form. Be sure to include **applicant's name, name of scholarship, each category and your name, signature, title** on the letter of recommendation.
- **Letters of recommendation must address each category SEPARATELY or they WILL BE considered incomplete.** Limit your statement to approximately 200 words for each category. Judges must be able to evaluate and score each category independently. Scholarships are awarded based on the highest cumulative scores. (Please note that letters of recommendation for college admission will not be considered).
- Please provide situations/examples that demonstrate achievement in each category. Add other items that may be of interest to the committee.
- Letter **must** be **double-spaced**. Font size **must** be 12 pt. or larger. A standard font is required. Do not hand write.
- **DEADLINE:** Postmarked by **February 4, 2011**. Return with application or send under separate cover to:  
CTA Human Rights Department, c/o Janeya Collins, P.O. Box 921, Burlingame, CA 94011-0921.
- **Points will be deducted if the guidelines are not followed.**

### **EACH CATEGORY MUST BE ADDRESSED SEPARATELY!**

1. Involvement in and sensitivity to human, social and civic issues that reflect responsibility, reliability and integrity.

**(Limit response to approximately 200 words).**

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Score \_\_\_\_\_

2. Educational and personal achievements that reflect Academic and vocational potential. **(Limit response to approximately 200 words).**

Score \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ School \_\_\_\_\_

No. of year(s) you have known applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last, \_\_\_\_\_ First

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## 2011 L. Gordon Bittle Memorial Scholarship for SCTA

### **LETTER OF RECOMMENDATION #2 - Community Member** **(Must Be From Someone Outside The Public/Private School Setting –** **No educators or immediate family members)**

**Directions:**

- Type on a separate page and attach recommendation to this form. Be sure to include **applicant's name, name of scholarship, each category and your name, signature, and relationship to applicant.**
- **Letters of recommendation must address each category SEPARATELY or they WILL BE considered incomplete.** Limit your statement to approximately 200 words for each category. Judges must be able to evaluate and score each category independently. Scholarships are awarded based on the highest cumulative scores. (Please note that letters of recommendation for college admission will not be considered).
- Please provide situations/examples that demonstrate achievement in each category. Add other items that may be of interest to the committee.
- Letter **must** be **double-spaced**. Font size **must** be 12 pt. or larger. A standard font is required. Do not hand write.
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1. Involvement in and sensitivity to human, social and civic issues that reflect responsibility, reliability and integrity.

**(Limit response to approximately 200 words).**

Office Use  
Score

2. Educational and personal achievements that reflect Academic and vocational potential. **(Limit response to approximately 200 words).**

Score

Signature \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Printed Name \_\_\_\_\_ Company/Organization \_\_\_\_\_

No. of year(s) you have known applicant \_\_\_\_\_ Date \_\_\_\_\_