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

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 10, 2020.
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 10, 2020.
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 10, 2020.
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 8, 2020. 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 10, 2020. (Postmarked date will not be accepted)
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Retiring Educators Scholarship
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Recommended ________ Not recommended ________

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____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

____________________________
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

____________________________________________________
Date