



February 1, 2008

Dear Agricultural Teacher or Professor:

In our continuing commitment to promote awareness and education, the Salinas Valley Chapter of California Women for Agriculture (CWA) will be offering two scholarship programs for women in Monterey, San Benito and Santa Cruz County. The scholarships, for *Women Pursuing Degrees in Agriculture* and *Farm Workers*, will be awarded to women pursuing a 4-year Bachelor's degree, a 2-year Associate's degree from a Junior College, or a degree from an accredited trade school. There is no age restriction on either of these scholarships, nor is either based upon financial need. CWA will award these scholarships in May 2008.

Requirements for the Women Pursuing Degrees in Agriculture Scholarship (Scholarship A):

- 1) Must be a Female resident of Monterey, San Benito or Santa Cruz County.
- 2) Must be pursuing a Bachelor's degree (4-year), an Associate's degree (2-year) or a degree from an accredited trade school in agriculture or related subject area.

Requirements for the Farm Workers Scholarship (Scholarship B):

- 1) Must be a Female employed as a farm laborer **or** have at least one parent or a spouse who has been employed as a farm laborer for two consecutive seasons in Monterey, San Benito or Santa Cruz County.
- 2) Must be pursuing a Bachelor's degree (4-year), an Associate's degree (2-year) or a degree from an accredited trade school in any subject area.

Finalists may be required to meet with the CWA Scholarship Committee for an interview. Your completed application and transcripts must be postmarked or emailed no later than Friday, April 25, 2008 and mailed to the following address:

CWA Scholarship Committee

scholarship@salinascwa.org

P.O. Box 1210

Salinas, CA 93902

Please contact Colby (831) 594-0691 or Jennifer (831) 595-9490 or scholarship@salinascwa.org if you would like to receive copies of either of these applications by e-mail or mail.

Sincerely,

Colby Willoughby and Jennifer Skidgel-Clarke
Scholarship Committee Co-Chairpersons
CWA Salinas Valley Chapter

Checklist for CWA Scholarship Applicants

Before sending your application to the above address, make sure you have included:

- CWA Agricultural Scholarship Application
- Statement of Educational Purpose
- School and Community Activities
- Certification of Application
- Recommendation Form (up to 3)
- High School or College Transcripts (most recent)
- Employment Verification Form (Scholarship B only)



El 1 de febrero del 2008

Directores de Becas, Todas las Secundarias y Todos los colegios del Condado de Monterrey, San Benito y Santa Cruz:

En nuestro compromiso para promover el conocimiento y la educación, la asociación de Mujeres para Agricultura del Valle de Salinas de California (CWA) otorgara dos becas diferentes a mujeres que habiten en algunos de los Condados de Monterrey, San Benito o Santa Cruz. Las becas, una para *las Mujeres que Ejercen un Titulo en la Agricultura* y la otra para las *Campesinos*, serán otorgadas a Mujeres que ejerzan un titulo de bachillerato de 4 años, titulo de asociado de 2 años o un titulo agrícola vocacional. No hay restricción de la edad en o de estas becas, ni es cualquiera basado sobre necesidad financiera. El CWA otorgara las becas en Mayo del 2008.

Requisitos de Becas para Mujeres Ejerciendo un Titulo Agrícola (Scholarship A):

- 1) Ser Mujer que resida en uno de los condados de Monterrey, San Benito o Santa Cruz.
- 2) Tiene que ejercer un titulo de bachillerato (4 años) un titulo asociado (2 años) o un titulo vocacional en agricultura o material similar.

Requisitos de Becas para Campesinos (Scholarship B):

- 1) Debe ser Mujer que empleado como trabajador agrícola o tiene por lo menos un padre o un esposo que sea empleado como trabajador agrícola por dos temporadas consecutivas en los condados de Monterrey, San Benito o Santa Cruz.
- 2) Tiene que ejercer un titulo de bachillerato (4 años) un titulo asociado (2 años) o un titulo vocacional en cualquier materia.

Las finalistas son requeridas que cumplan con la entrevista del Comité de Becas de CWA. Sus aplicaciones completas y boleta de grados necesitan que ser enviados por mas tarde el 25 de abril del 2008 y necesita que ser enviada a la siguiente dirección:

Comité de Becas del CWA

scholarship@salinascwa.org

P.O. Box 1210

Salinas, CA 93902

Si tiene alguna pregunta, puede comunicar con Colby al (831) 594-0691 o Jennifer al (831) 595-9490.

Sinceramente,

Colby Willoughby y Jennifer Skidgel-Clarke
Personales del Comité de Becas
CWA Valle de Salinas

Lista de Objetivos de Solicitantes de Becas

Antes de enviar su aplicación al domicilio de encima, esté seguro que incluya:

- Aplicación de Beca Agrícola de CWA
- Hoja de Recomendaciones (máximo de 3 recomendaciones)
- Declaración de Propósito Educativo
- Boleta de Grados de la Secundaria o Colegio
- Certificación de Aplicación (el que sea mas reciente).
- Escuela y actividades comunitarias.
- Forma para verificar el empleo (Beca B solamente)

CALIFORNIA WOMEN FOR AGRICULTURE SCHOLARSHIP APPLICATION – SCHOLARSHIP B
BIOGRAPHICAL INFORMATION – Farm Workers Scholarship

The definition of "Farm Worker" - A person who labors in the fieldwork, production, and/or manufacturing of agricultural products. This definition does not include anyone who is employed as an office worker (clerical, technical, sales), or anyone who is a partner/owner of such an agricultural company or livestock ranch.

Name: _____ Birth Date: _____
 Last First Middle Month Day Year

Address: _____ E-mail: _____
 _____ Phone: _____

Father's Occupation: _____ Mother's Occupation: _____

Relation to Farm Worker: (Circle One) Self Parent Spouse Other _____

EDUCATION

High School

School Name: _____ Dates Attended: _____

G.P.A.: _____ SAT or ACT (if applicable): _____ Graduation Date: _____
 3.0 or higher required

College – Current/Intended

School Name: _____ Dates Attended: _____

G.P.A.: _____ Major: _____ Graduation Date: _____

College Level Fall 2008: (Circle one) Freshman Sophomore Junior Senior

Expected College Graduation Date: _____
 If College Graduate, Please List Graduation Date

If you are currently attending college, please indicate the number of units
you will have completed by June 2008.

Quarter System Units: _____ Semester System Units: _____

How many units are you enrolled in for Fall 2008? _____

In Fall 2008, will you be working toward an Undergraduate or a Graduate Degree? _____

If a Graduate Degree, what is the Degree? _____
 (e.g. A Master's Degree in Crop Science)

Are you a past CWA Scholarship Recipient? _____ If yes, what year(s)? _____

How did you hear about the CWA Scholarship? (Circle one) School Work Parent's Work Other

Please send this application with attached documents and your official transcript* to the address below
postmarked by April 25, 2008. * High school and college transcripts recommended for first year college students.

CWA Scholarship Committee

P.O. Box 1210

Salinas, CA 93902

Please call Colby at (831) 594-0691 or Jennifer at (831) 595-9490 or e-mail at scholarship@salinascwa.org
for further information or questions.



CALIFORNIA WOMEN FOR AGRICULTURE SCHOLARSHIP APPLICATION– SCHOLARSHIP B
CERTIFICATION OF APPLICATION – *Farm Workers Scholarship*

I hereby certify that I have completed all of the information on this application and to the best of my knowledge, it is correct and accurate. I acknowledge that all information on this application may be disclosed to third parties for the purpose of scholarship award consideration. If I am selected for a scholarship award, I will notify the California Women for Agriculture Scholarship Committee promptly of any change in major, college residence or enrollment that would affect my eligibility for this award. Additionally, if selected, I will keep the Salinas Valley Chapter of California Women for Agriculture informed as to my whereabouts and employment progress following graduation.

Applicant's Name

Signature

Date

CALIFORNIA WOMEN FOR AGRICULTURE SCHOLARSHIP APPLICATION– SCHOLARSHIP B
VERIFICATION OF EMPLOYMENT FORM – *Farm Workers Scholarship*

Please have your manager sign that the information below is correct or if your relationship to a farm worker is someone other than yourself, please ask them to take this form to **their** Manager or Human Relations Department and have the manager sign that the information below is correct.

Company Name _____

Name of Supervisor/HR Department Manager _____

Phone Number of Supervisor/HR Department Manager _____

Years Employed with Company _____

Company Type _____

Employee's Occupation _____

Signature of Supervisor/HR Department Manager _____

Applicant's Name: _____

Please submit this form with your application.