

Attach additional information if necessary

**RETIRED EMPLOYEES ASSOCIATION OF VENTURA COUNTY
JOHN MACINTYRE SCHOLARSHIP APPLICATION**

Please return the completed scholarship application form to REAVC by **April 30 of current year.**

NAME

LAST FIRST MIDDLE

ADDRESS

STREET CITY STATE ZIP

PHONE, CELL NO. & EMAIL ADDRESS

HOME NO. CELL NO. EMAIL ADDRESS

QUALIFYING REAVC MEMBER

NAME AGENCY PHONE NO. EMAIL ADDRESS

Relationship to the REAVC member who qualifies you: _____

OTHER FUNDING

I am receiving a scholarship or grant from another source. Yes No

If yes, list source(s) and amount(s): _____

EDUCATIONAL RECORD

If you are currently enrolled in a college or post high school technical school, list that school first.

Name of School	Address	Date(s) Attended	GPA
_____	_____	_____	_____
_____	_____	_____	_____

List the high school from which you graduated.

Name of School	Address	Date(s) Attended	GPA
_____	_____	_____	_____

Please indicate the college, university or training school you will be/are currently attending as a full time student next semester.

Major field of study: _____

SCHOOL AND COMMUNITY ACTIVITIES:

Academic Awards and Honors: _____

School Extra-curricular Activities: _____

Student Body Offices Held: _____

Community Activities: _____

Please indicate clubs and/or organizations of which you are a member, your work experience and, any service awards or honors you have received: _____

LETTERS OF RECOMMENDATION

Please attach two (2) letters of recommendation from teachers, counselors, and/or community leaders with whom you have worked.

PERSONAL STATEMENT

On a separate sheet of paper type an autobiographical essay (500 words maximum). Discuss your educational goals, our career goals and what an education means to you in terms of your personal situation and career path. To help the committee decide why it should choose you for the John MacIntyre Scholarship, you may also write about personal challenges and how you have dealt with them, especially as they relate to furthering your education.

VERIFICATION

All information contained within my application and essay is true and correct to the best of my knowledge. I give my permission for the REAVC Scholarship Committee to verify any information submitted.

Signed (Applicant) _____ Date _____

Signed (REAVC Member) _____ Date _____

Return completed application and letters of recommendation to:

**REAVC Scholarship Committee
P O Box 7231
Ventura CA 93006**