



VENTURA EDUCATION SUPPORT  
PROFESSIONALS ASSOCIATION  
#VESPASTRONG

## Ventura Education Support Professionals Association 2023 Scholarship Application

### APPLICATION CHECKLIST

**NOTE:** This packet is only for dependents of Ventra Unified CLASSIFIED Staff whom are due paying members of VESPA

Dear Applicant,

The enclosed application packet includes several documents. Please use the checklist below as a tool to ensure that you submit your application with all of the required documentation.

**DEADLINE:** All scholarship applications are due no later than 4:00 p.m. on Friday, May 12, 2023.

**SEND APPLICATIONS:** through inter-district brown mail, in person, or by U.S. mail service to:

**VESPA Office  
5280 Valentine Rd., Suite 202  
Ventura, CA 93003**

Thank you for taking the time to apply for one of VESPA's scholarships. We are excited to know that you are taking your education to the next level. It is our hope that you are successful in your journey.

|    |  |                          |
|----|--|--------------------------|
| 1. | Applicant Information Page (page 1)  | <input type="checkbox"/> |
| 2. | Personal Reference Page (page 2) Sealed in an envelope   | <input type="checkbox"/> |
| 3. | Scholastic Reference Page (page 3) Sealed in an envelope   | <input type="checkbox"/> |
| 4. | Brag Page (pages 4 & 5)  | <input type="checkbox"/> |
| 5. | Official Transcripts in Sealed Envelope- Sealed in an envelope   | <input type="checkbox"/> |
| 6. | A <b>ONE</b> page typed personal statement emphasizing why you believe you should be chosen as a scholarship recipient. (page 6) | <input type="checkbox"/> |
| 7. | Copy(s) of college acceptance letters  | <input type="checkbox"/> |

**\*\*FAILURE TO PROVIDE ALL ITEMS LISTED ABOVE WILL BE CONSIDERED GROUNDS FOR DISQUALIFICATION\*\***

Best of luck to you!

Sincerely,

VESPA Scholarship Committee



## Ventura Education Support Professionals Association 2023 Scholarship Application

### APPLICANT INFORMATION PAGE

The Scholarship Committee would like to thank you for applying for this scholarship. All information contained in this application is and will remain confidential. At the end of the year, all confidential documents pertaining to the applicant will be shredded and properly discarded. It is imperative that this application is accurately and completely filled out. All application pages must be legible. **Failure to provide a completed, accurate application is considered grounds for disqualification.** **Applications are due by 4:00 p.m. on Friday, May12, 2023.**

|   |  |  |   |   |               |
|---|--|--|---|---|---------------|
| Select the type of scholarship for which you are applying. Mark only one. |  | <input type="checkbox"/> Merit Scholarship |   | <input type="checkbox"/> Need Scholarship |               |
| Last Name:  |  | First Name:                                |   |   |               |
| Mailing Address:  |  | City                                       | State                                     | Zip                                       |               |
| Birth Date:<br>(mm/dd/yy)   |  | / /  | E-mail Address                            | @   | Current Grade |
| Home Phone #  |  | ( ) -                                      | Cell Phone #                              | ( ) -                                     | Other # ( ) - |
| Expected graduation date:   |  | / /  | From which high school will you graduate? |   |               |

Please provide us the name of the VESPA member by which you are eligible to apply for this scholarship.

|                                      |  |   |  |
|--------------------------------------|--|---|--|
| VESPA Member's Name & Job Site:      |  | Relationship to the applicant:                    |  |
| Members Date of Hire<br>(mm/dd/yyyy) |  | Date Member Reached Permanent Status (mm/dd/yyyy) |  |
| / /                                  |  | / /   |  |

Please list the schools/colleges to which you have submitted a formal application for admission. If you have been formally accepted to a school, please place a check in the left hand column **and attach a copy of the school's letter of acceptance to your VESPA scholarship application.**

|                          |                 |       |
|--------------------------|-----------------|-------|
| <input type="checkbox"/> | School/College: | ( ) - |
| <input type="checkbox"/> | School/College: | ( ) - |
| <input type="checkbox"/> | School/College: | ( ) - |
| <input type="checkbox"/> | School/College: | ( ) - |



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## Ventura Education Support Professionals Association 2023 Scholarship Application

### PERSONAL REFERENCE PAGE

Directions for persons submitting this Personal Reference Page:

- Must be someone other than family member.
- Place completed Personal Reference Page in a **sealed envelope** and returned to the applicant.

Directions for applicant:

- Return sealed envelope with your VESPA Scholarship Application

Applicant's Last Name

Applicant's First Name

1. What is the nature and extent of your acquaintance with the applicant?
2. Why do you feel that this applicant should be considered for this scholarship?
3. What is your impression of his/her character traits such as responsibility, reliability and integrity?
4. Are you familiar with the applicant's involvement and participation in community activities? If yes, please describe.
5. Do you know if the applicant has received any special awards or made any special achievements? If yes, please describe.
6. Is there any additional information that you feel we should know about the applicant?

Name of the person completing this form:

Relationship:

Please list a phone number where we may contact you:

( ) - Ext:

Signature:

Date (mm/dd/yy):



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## Ventura Education Support Professionals Association 2023 Scholarship Application

### SCHOLASTIC REFERENCE PAGE

Directions for person completing this form:

- Must be a Teacher, Counselor or Administrator
- Place completed Scholastic Reference Page in a sealed envelope and return to applicant

Directions for Applicant:

- Return sealed envelope with your VESPA Scholarship Application

|                       |  |                        |  |
|-----------------------|--|------------------------|--|
| Applicant's Last Name |  | Applicant's First Name |  |
|-----------------------|--|------------------------|--|

|                     |  |                            |  |                            |  |
|---------------------|--|----------------------------|--|----------------------------|--|
| 1.                  | What is the nature and extent of your acquaintance with the applicant?   |                            |  |                            |  |
| 2.                  | Why do you feel that this applicant should be considered for this scholarship?   |                            |  |                            |  |
| 3.                  | What is your impression of his/her school citizenship record?  |                            |  |                            |  |
| 4.                  | Are you familiar with the applicant's involvement and participation in school and community activities? If yes, please describe.   |                            |  |                            |  |
| 5.                  | Are you familiar with any special achievements or awards that the applicant has received? If yes, please describe.   |                            |  |                            |  |
| 6.                  | <p>Please verify the applicant's scholastic record. Mark point average should be cumulative for grades 9, 10, 11, and the first semester of their senior year.</p> <table border="1"> <tr> <td>Mark point average:</td> <td></td> <td>Current standing in class:</td> <td></td> </tr> </table> <p>Is the applicant currently meeting all graduation requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | Mark point average:        |  | Current standing in class: |  |
| Mark point average: |  | Current standing in class: |  |                            |  |

|  |       |                  |  |
|--|-------|------------------|--|
| Name of the person completing this form:             |       | Position/Title:  |  |
| Please list a phone number where we may contact you: | ( ) - | Ext:             |  |
| Signature:   |       | Date (mm/dd/yy): |  |



## Ventura Education Support Professionals Association 2023 Scholarship Application

### BRAG PAGE

Directions for applicant:

- Please be specific, precise and clear with your involvement in school and community activities.
- Do not use acronyms.
- If additional space is needed please make sure you follow the format of this “Brag Page”

| Applicant's Last Name |                      | Applicant's First Name    |        |
|-----------------------|----------------------|---------------------------|--------|
|                       | Dates of Involvement | Honors (academic courses) | Awards |
| 1.                    | to                   |                           |        |
| 2.                    | to                   |                           |        |
| 3.                    | to                   |                           |        |
| 4.                    | to                   |                           |        |
| 5.                    | to                   |                           |        |
| 6.                    | to                   |                           |        |

|    | Dates of Involvement | School Related Activities | Leadership | Awards |
|----|----------------------|---------------------------|------------|--------|
| 1. | to                   |                           |            |        |
| 2. | to                   |                           |            |        |
| 3. | to                   |                           |            |        |
| 4. | to                   |                           |            |        |
| 5. | to                   |                           |            |        |
| 6. | to                   |                           |            |        |
| 7. | to                   |                           |            |        |
| 8. | to                   |                           |            |        |
| 9. | to                   |                           |            |        |



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## Ventura Education Support Professionals Association 2023 Scholarship Application

### BRAG PAGE CONTINUED

Directions for applicant:

- Please be specific, precise and clear with your involvement in school and community activities.
- Do not use acronyms

|                       |                        |
|-----------------------|------------------------|
| Applicant's Last Name | Applicant's First Name |
|-----------------------|------------------------|

|                         | Dates of Involvement | Community Service/Activities | Leadership | Awards |
|-------------------------|----------------------|------------------------------|------------|--------|
| 1.                      | to                   |                              |            |        |
| Additional information: |                      |                              |            |        |
| 2.                      | to                   |                              |            |        |
| Additional information: |                      |                              |            |        |
| 3.                      | to                   |                              |            |        |
| Additional information: |                      |                              |            |        |
| 4.                      | to                   |                              |            |        |
| Additional information: |                      |                              |            |        |
| 5.                      | to                   |                              |            |        |
| Additional information: |                      |                              |            |        |
| 6.                      | to                   |                              |            |        |
| Additional information: |                      |                              |            |        |

|    | Dates of Involvement | Work Experience | Leadership | Awards |
|----|----------------------|-----------------|------------|--------|
| 1. | to                   |                 |            |        |
| 2. | to                   |                 |            |        |
| 3. | to                   |                 |            |        |
| 4. | to                   |                 |            |        |



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## PERSONAL STATEMENT

|                       |  |                        |  |
|-----------------------|--|------------------------|--|
| Applicant's Last Name |  | Applicant's First Name |  |
|-----------------------|--|------------------------|--|

Write a **ONE-page** statement emphasizing why you believe you should be chosen as a scholarship recipient. **(Typed and double-spaced. No more than ONE page)**