

Marin County Association of Retired Employees

P.O. BOX 4203, SAN RAFAEL, CA 94913

MCARE SCHOLARSHIP APPLICATION

**MARIN COUNTY ASSOCIATION OF RETIRED EMPLOYEES' SCHOLARSHIPS HONORING:**

- 1.) AGNES NATHANSON (High School Senior)**
- 2.) BOB ROUMIGUIERE (Undergraduate)**
- 3.) JOE COFFRINI (Graduate)**

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PLEASE NOTE: Scholarship Applicants (or parents) are required to complete the below pledge that the award money will be promptly repaid if the course of study is not taken, completed or, enrollment is not undertaken in the year applied for. The only exception will be in the case of serious illness, to be substantiated with a doctor's letter.

(Please check eligibility requirement, complete all blanks and adhere to deadline date.)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC.SEC.#: \_\_\_\_\_

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I am eligible to apply for a MCARE Scholarship because I am (circle one) the son; daughter; grandson; or granddaughter of a current MCARE member. The name and address of the qualifying MCARE member is: (PLEASE ALSO SHOW DEPARTMENT OR OFFICE RETIRED FROM)

\_\_\_\_\_

\_\_\_\_\_

CHOOSE APPLICABLE PLEDGE BELOW:

(1) As parents or legal guardians of Applicant, I/we pledge to immediately return the awarded funds to MCARE if the conditions for winning are not met. Parents' signature, printed name and address required for Applicants 18 yrs. or under.

Mother's Name:

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Mother's Address:

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Mother's Signature & Date:

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Father's Name:

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Father's Address:

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Father's Signature & Date:

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(2) Upon my signing this Application, I pledge to promptly return the awarded funds to MCARE if the conditions for winning are not met. (For Applicants 18 years or over.)

EDUCATION INFORMATION:

Name and address of last High School attended:

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Date Graduated (or Graduating if still attending): \_\_\_\_\_

(The following paragraph applies only to graduating high school seniors applying for the Agnes Nathanson Award.) List any other high schools attended, addresses and dates attended.

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Are you currently enrolled in college or a trade school? Yes \_\_\_\_\_ No \_\_\_\_\_

List names of colleges or trade schools, addresses and dates attended

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Please list other names used if you attended any higher education classes under a different name.

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CURRENT EDUCATION PLANS:

Please indicate which type of school (circle one) I am enrolled in or I will be enrolled in and start date:

Junior College & Date \_\_\_\_\_

College/University (Regular or Extension) & Date \_\_\_\_\_

Trade Specialty School & Date \_\_\_\_\_

My admission status is (or will be) as a College or University: (Mark One)

Freshman\_\_\_\_, Sophomore \_\_\_\_\_, Junior \_\_\_\_\_, Senior\_\_\_\_\_, or Graduate Student \_\_\_\_\_.

I will be attending as a full time student starting: Summer, 2020 \_\_\_\_\_ or Fall, 2020\_\_\_\_\_ ,

Please list two colleges, universities or trade schools you plan to attend in order of preference:

1. \_\_\_\_\_

2. \_\_\_\_\_

My plans are to major or specialize in:

\_\_\_\_\_

WORK EXPERIENCE:

Please list any work experience, beginning with name of most current and dates worked:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EXTRA-CURRICULAR ACTIVITIES

Please list current extra-curricular activities including any community service, clubs, or hobbies:

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## HONORS & AWARDS

Please list honors/awards received for scholastic, sport, community work or other achievements:

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CHECK LIST/REMINDER:

1.) School transcripts; 2.) Three letters of recommendation (i.e. teachers, employers, clergy, coaches, etc.); 3.) Personal Statement; 4.) Availability for interview during dates given; 5.) Telephone number to confirm interview date and time; 6.) Passport Size Photo; and 7.) Postage- paid return envelope for return of materials; 8.) Meet application deadline.

PERSONAL STATEMENT FOR 2020 (CIRCLE ONE): MCARE SCHOLARSHIP HONORING  
AGNES NATHANSON, BOB ROUMIGIERE OR JOE COFFRINI

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_



I agree that the Selection Committee may use the application and all attachments for the purposes of evaluation and selection. I give MCARE permission to use information provided on this application ONLY for recognition purposes and press releases. All information will be treated with confidentiality and not given to any other person or organization not a part of MCARE's scholarship program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DEADLINE: Applications must be received before 5:00 p.m. on Monday, April 20, 2020. Please allow enough mailing time. Late applications will be rejected.**

Please send all applications to:  
Marin County Office of Education  
1111 Las Gallinas Avenue  
San Rafael, CA 94903  
Attention: Mary Jane Burke