

Marin County Association of Retired Employees

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

Section 1 - Introduction

2024 MCARE SCHOLARSHIP APPLICATION

AVAILABLE SCHOLARSHIPS HONORING:

- 1.) TOM HENDRICKS
- 2.) BOB ROUMIGUIERE
- 3.) JOE COFFRINI
- 4.) MICHAEL DALY

We have four scholarships to recognize the different levels of education that applicants are currently in. Based on your eligibility, in section 6 please indicate which best fits your current or anticipated educational path.

The awarding of each scholarship will be based solely on the overall qualifications of the applicants and at the sole discretion of the MCOE scholarship committee and all decisions will be final.

Section 2 – Applicant Information

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 the entire application, and adhere to due date.

FIRST NAME: _____ LAST: _____ MIDDLE: _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

EMAIL: _____ PHONE: _____

BIRTHDATE: ____/____/____

SOCIAL SECURITY NUMBER: REQUESTED AND REQUIRED UPON AWARDED APPLICANTS _____

Section 3 – Applicant Affirmation – MCARE Relative

I am eligible to apply for a MCARE Scholarship because I am (circle one) the child, stepchild; grandchild of a current or a deceased MCARE member. The name and address of the qualifying MCARE member is: (PLEASE ALSO INCLUDE DEPARTMENT OR OFFICE RETIRED FROM)

Name: _____

Address: _____

Department/Organization: _____

Section 4 – Parents Pledge, Signature and Date

Portion required for applicants under the age of 18.

PRIVACY CONSENT: I give my consent to use my personal information as part of this application process to both Marin County Association of Retired Employees (MCARE) and to Marin County Office of Education (MCOE).

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: _____

Mother's Address: _____

Mother's Signature & Date: _____

Father's Name: _____

Father's Address: _____

Father's Signature & Date: _____

Section 5 – Applicant’s Pledge, Signature and Date

Portion required for applicants at or over the age of 18.

Applicant - 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.)

PRIVACY CONSENT: Parent and applicant - I give my consent to use my personal information as part of this application process to both Marin County Association of Retired Employees (MCARE) and to Marin County Office of Education.

Applicant Name: _____

Applicant Signature & Date: _____

Section 6 – Education Information

Applicant must be either entering or currently enrolled in a college, university, or third-level or tertiary education or continuing education (vocational programs such as nursing, police or fire academies, or a trade school).

Name and address of last High School attended:

Date graduated (or anticipated date if still attending):

List names of colleges, university, or third-level or tertiary education or continuing education (vocational programs such as nursing, police or fire academies, or a trade school), addresses and dates attended.

Are you currently enrolled in college, university, or third-level or tertiary education or continuing education (vocational programs such as nursing, police or fire academies, or a trade school)? Yes_____ No _____

List names of colleges, university, or third-level or tertiary education or continuing education (vocational programs such as nursing, police or fire academies, or a trade school), addresses and dates attended

Section 7 – Additional Names Used for Any Other Higher Education Classes Information

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

Section 8 – Current Education Plans

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

Junior College – Date _____

College/University (Regular or Extension) – Date _____

Third-level or tertiary education or continuing education or vocational program such as nursing, police or fire academies or a trade school - Date_____

My admission status is (or will be) at a College or University or at a Third-level or tertiary education or continuing education or vocational program such as nursing, police or fire academies or a trade school: (Check One)

Freshman____, Sophomore _____, Junior _____, Senior_____, or Graduate Student _____

OR for Third-level or tertiary education or continuing education or vocational program such as nursing, police or fire academies or a trade school.

Fist year_____, Second year _____, Third year _____, Fourth Year _____ Other _____

I will be attending as a full time student starting: Summer, 2024 _____ or Fall, 2024 _____ ,

Section 9 – Higher Education Schools Planning to Attend

Please list two colleges, universities, third-level or tertiary education or continuing education or vocational program such as nursing, police or fire academies or a trade school or trade schools, you plan to attend in order of preference:

1. _____

2. _____

Section 10 – Planned Major or Specialized Study

Applicant's plans are to major or specialize in:

Section 11 – Work Experience

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

Section 12 – Extra-Curricular Activities

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

Section 13 – Honors & Awards

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

Section 14 – Check List/Reminder

1. School transcripts;
2. Three current letters of recommendation (i.e., teachers, employers, clergy, coaches, etc.);
3. Personal Statement;
4. Availability for interview during dates given;
5. E-mail address for communication with Scholarship Committee at Marin County Office of Education;
6. Telephone number to confirm interview date and time;
7. Passport Size Photo;
8. Pre-paid postage to return envelope for return of materials (if you choose);
9. Meet application due date.

Section 15 – Applicant Contact Information

NAME: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

MAILING ADDRESS:

Section 16 – Personal Statement

Personal Statement for MCARE Scholarship.

WHAT WINNING AN MCARE SCHOLARSHIP MEANS TO ME:

(200 WORDS OR LESS) PLEASE PRINT OR ATTACH TYPED STATEMENT.

[illegible]

Section 17 – Applicant’s Signature and Date

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: _____

DUE DATE: Applications must be received before 5:00 p.m. on Thursday, April 25, 2024. 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
ATTN: Ken Lippi, Senior Deputy Superintendent