Moorpark College

**Scholarship Application**

**Student I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Scholarship: Classified Senate Scholarship**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_**

Self (MC Classified Employee) working towards a degree: \_\_\_\_\_\_\_\_\_

Self (MC Classified Employee) Professional Development: \_\_\_\_\_\_\_\_\_

Spouse or Child/Dependent – working towards a degree: \_\_\_\_\_\_\_\_\_\_

If you checked Spouse or Child/Dependent, list the name of the MC Classified Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility Criteria:**

* **Classified Employee** seeking to enroll (or currently enrolled in) a professional development course at a higher learning accredited institution or working towards a degree.
* **Spouse or Dependent (s)** of a MC Classified Employee currently enrolled at a higher learning accredited institution working towards a degree.

1. Applicant must be an undergraduate or graduate student in a degree-seeking program
2. Full-time or Part-time (6 or more units) – transcripts must be submitted to verify enrollment.
3. GPA of 2.5 or higher

**Essay Prompt:**

**For Classified Employee:**

Please describe in detail, how this scholarship award would impact your work? Explain how you will apply/incorporate what you have learned and integrate it with your work.

**For Spouse or Dependent (s) of Classified Employee:**

Please describe in detail, how this award will help achieve your educational goals and include specific examples if possible.

**I authorize the college to release requested information from my student records to validate scholarship eligibility, and use my name for publicity purposes if I am awarded a scholarship. I also authorize my email to be shared with the Moorpark College Foundation.**

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Applicant’s Signature Date