



**ROBERT HARRELL CAREER AND TECHNICAL  
\$1,000 SCHOLARSHIP  
APPLICATION**

Deadlines to submit **one original** application packet

August 1<sup>st</sup>, October 15<sup>th</sup>, January 1<sup>st</sup>, April 15<sup>th</sup>



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## WHAT IS THE ROBERT HARRELL SCHOLARSHIP?

The Robert Harrell Career and Technical Educational Scholarship ("Technical Scholarship") is awarded quarterly to provide aid to persons age 16 or older who are pursuing qualified studies in an eligible program in the technical and vocational fields. The definition of an "eligible program" is that contained in Federal Career and Technical Education legislation, which is a two-year or less career or technical program culminating in an associate degree, diploma or certificate, but less than a Bachelor's Degree. **Persons enrolling in a four-year course leading to Bachelor's Degrees are not eligible to apply.** Currently the Scholarship is \$1000.00 per award to be handled as described below.

## REQUIREMENTS

- This scholarship may be awarded to an applicant who resides in Tulare County and is attending an accredited institution within the City of Visalia.
- Applicants must be enrolled in at least one vocational class for their program at an eligible institution. If at any time during the funding cycle the applicant does not successfully complete the vocational program, the scholarship shall be forfeited.
- Scholarships are not transferrable to another eligible institution unless that school provides a curriculum similar to the eligible institution.
- Some examples of eligible institutions in Tulare County may include, but are not limited to: Milan, C.O.S. technical programs, S.J.V.C., Advanced Career Institute. Please check with your intended institution to see if they are accredited.
- The applicant must achieve and maintain a cumulative 2.0 or greater G.P.A.
- The applicant must maintain a 2.0 or higher G.P.A. in the previous semester at an eligible institution of education in order to receive the spring semester disbursement.
- Not all applicants will receive an award. However, there are several scholarships awarded each quarter.
- The offer of a scholarship is valid only during the academic period for which the offer is made.
- Applicant must show their identification and Social Security card to the Foundation representative.
- If awarded, the applicant must attend the scholarship awards ceremony, if one is held.
- If awarded, the applicant must write a letter of appreciation to receive the scholarship.
- If at any time during the funding cycle you do not successfully complete the vocational class or program, you will forfeit the remainder of the scholarship.



## **SELECTION PROCESS**

Scholarships are awarded through a competitive review process. Applications will be judged using the following criteria:

- 50% Written Essay
- 25% Financial Need
- 25% Letters of Recommendation

## **SCHOLARSHIP AWARDS AND FUNDING PROCEDURES**

Scholarships will be available during four different award periods, depending upon when your vocational program begins.

You will receive a letter if you have been selected to receive a scholarship with instructions on procedures to follow.

Your scholarship funding will be released in two equal payments:

- The first half of the funding will be delivered to you upon receipt of your proof of enrollment in an accredited institution and class schedule.
- The second half will be awarded at the middle of the educational program after receiving your proof of enrollment, class schedule, and a copy of your grades.

## **WHAT ARE MY REQUIREMENTS IF I RECEIVE THE SCHOLARSHIP?**

Write a letter of appreciation to your donor immediately. Forward your letter to the Foundation office:

Visalia Rotary Community Foundation  
11878 Avenue 328  
Visalia, CA 93291

The Foundation office must receive your letter of appreciation before funding can be approved for disbursement. The letter must be received within two weeks after receipt of your award letter or you may jeopardize your scholarship funding.



## **WHO DO I CONTACT IF I HAVE QUESTIONS?**

All questions regarding your scholarship should be directed to either:

Susan Lucas

[LucasSusans@Aol.com](mailto:LucasSusans@Aol.com)

Steve Perry

[HarrellScholarship@Gmail.net](mailto:HarrellScholarship@Gmail.net)

## **WHERE DO I SUBMIT THE APPLICATION?**

It is the responsibility of the student applicant to submit a complete packet (one original application packet) to:

Visalia Rotary Community Foundation  
c/o Susan Lucas  
26773 S. Mooney Blvd.  
Visalia, CA 93277

**No later than 12:00 p.m. on due date**



## APPLICATION INSTRUCTIONS

- Applications must be filled out in black or blue pen, print only
- Applications must be completed in full. Incomplete or incorrect information will jeopardize your application.
- Please make sure that your application is submitted no later than the stated deadline for the period that your course of education begins. For instance, if your vocational courses begin in mid-May, your application should be turned in **no later** than April 1st. If your course begins in early September, your application should be submitted **no later** than July 1st. A course beginning in January, **no later** than January 1st. The following are the application period deadlines for the year 2020.

**August 1**

**October 15**

**January 1**

**April 15**

For courses that begin between:

August 1 and  
October 14

October 15 and  
December 31

January 1 and  
April 14

April 15 and  
July 31

- The application consists of 6 sections that must be completed in full. Where appropriate make "NA" for not applicable. If you are not sure please contact the Foundation at the above contact information to verify your answer.
- **There are six sections to the application:**
  - Three forms to be filled out by the applicant
  - One essay by the applicant, this is your opportunity to present yourself in the best possible light to the Scholarship Review Committee
  - Two recommendations:
    - At least one of which must be from an eligible institution of education faculty member
    - **Scholarship recommendations from a relative are not acceptable**
    - The completed, original scholarship recommendation forms may be forwarded directly to the Foundation office, or included with your packet
    - It is the applicant's responsibility to ensure that the Foundation office receives all scholarship recommendations no later than the deadlines listed above.
    - Only original, signed letters of recommendation will be accepted – emails, faxes, and other formats will not be accepted. Recommendation forms are provided



**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**PERSONAL INFORMATION**

\_\_\_\_\_  
**Student I.D. Number**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip**

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Day Phone**

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Evening Phone**

\_\_\_\_\_  
**Male/Female**

\_\_\_\_\_ @ \_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**I plan to attend (School)**

\_\_\_\_\_  
**Name of Program**

*\*If you change your program, you must notify your Counselor\**

\_\_\_\_\_  
**Length of Program**

\_\_\_\_\_  
**Start date (MM/DD/YY)**

\_\_\_\_\_  
**Halfway date (MM/DD/YY)**

**Have you applied for this scholarship in the past?**

\_\_\_\_\_  
(Yes/No)



**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**CONFIDENTIAL FAMILY INCOME STATEMENT**

\_\_\_\_\_  
**Student I.D. Number**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

<b>PROJECTED 2020</b>	<b>\$ AMOUNT</b>	<b>PROJECTED 2020</b>	<b>\$ AMOUNT</b>
Your yearly gross income		Your yearly gross income	
Spouse's yearly gross income		Spouse's yearly gross income	
Other income		Other income	
<b>TOTAL</b> projected yearly gross income		<b>TOTAL</b> projected yearly gross income	

Are you receiving Social Security Yes\_\_\_\_\_ No\_\_\_\_\_

Are you receiving Disability Yes\_\_\_\_\_ No\_\_\_\_\_

Are you receiving TANF Yes\_\_\_\_\_ No\_\_\_\_\_

Are you receiving WIC Yes\_\_\_\_\_ No\_\_\_\_\_

\_\_\_\_\_  
**Applicant's place of employment**      **Occupation**      **Hours working per week**

\_\_\_\_\_  
**Spouse's place of employment**      **Occupation**

**Are you applying for financial aid?** Yes/No

**If yes, what kind:** \_\_\_\_\_

**Number of children you are responsible for supporting:** \_\_\_\_\_

**Ages of children:** \_\_\_\_\_





**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**CONFIDENTIAL FAMILY INCOME STATEMENT** cont.

List below other family members attending college in the 2020 -2021 school year or N/A

<b>NAME</b>	<b>COLLEGE / UNIVERSITY</b>	<b>AGE</b>

PARENT/GUARDIAN STATEMENT: complete if you are living at home and/or your parent(s)/guardian(s) claim you as a dependent on their tax returns.

<b>PROJECTED 2020</b>	<b>\$ AMOUNT</b>	<b>PROJECTED 2020</b>	<b>\$ AMOUNT</b>
<b>Parent(s)/Guardian(s) yearly gross income</b>		<b>Parent(s)/Guardian(s) yearly gross income</b>	

**Total number of dependents claimed by parent(s)/guardian(s)** \_\_\_\_\_

- Are your parents receiving Social Security                      Yes\_\_\_\_\_ No\_\_\_\_\_
- Are your parents receiving Disability                              Yes\_\_\_\_\_ No\_\_\_\_\_
- Are your parents receiving TANF                                      Yes\_\_\_\_\_ No\_\_\_\_\_
- Are your parents receiving WIC                                      Yes\_\_\_\_\_ No\_\_\_\_\_



**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**CONFIDENTIAL FAMILY INCOME STATEMENT cont.**

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**Father/Guardian Name**

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**Mother/Guardian Name**

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**Father/Guardian Employer**

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**Mother/Guardian Employer**

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**Father/Guardian Occupation**

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**Mother/Guardian Occupation**

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**Father/Guardian Address**

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**Mother/Guardian Address**

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**City, State, Zip**

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**City, State, Zip**



**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**CONFIDENTIAL FAMILY INCOME STATEMENT** cont.

If you have a financial situation that you would like to explain to the Scholarship Committee, please do so here:

I affirm the correctness of this income statement and do hereby authorize the Foundation Committee to forward this information to the appropriate Scholarship Screening Committee(s) for review

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**Applicant Signature**

**Date**

19.08.03



**ROBERT HARRELL  
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**RELEASE AND WAIVER**

Please read and sign

I declare that all information submitted in my application packet is true to the best of my knowledge.

I authorize the Foundation to release my scholarship application packet to the scholarship committees, both on and off campus, and to potential donor(s).

To complete my application packet, I authorize the Foundation to access my transcripts.

If selected for an award, I understand that the Foundation will publicize the information. I hereby grant my consent to the Foundation to use and license the use of my name and my likeness, whether in still or moving picture, my photograph and/or other reproduction, including my voice and features, with or without my name for any editorial, promotion, trade, business, or other purpose what-so-ever, including testimonial and endorsement of product advertising. The Foundation may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I hereby waive any right to approve the finished photograph, audio recording, or video, or any copy which might be used in conjunction with the finished product. I understand I will receive no compensations for photographs, audio recordings, or videos used and/or reused.

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**Signature of Applicant**

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**Date**



**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**ESSAY**

\_\_\_\_\_  
**Student I.D. Number**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

**INSTRUCTIONS:** In the space provided below, write a personal statement describing who you are, your needs, your academic and career goals, and something about your job or jobs. Include your extracurricular activities at the college or in the community. (You may type, print in black ink or use a word processor. If more space is needed please use the back)



**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**SCHOLARSHIP RECOMMENDATION FORM 1**

Letters of recommendation on this form only. No other format will be accepted

\_\_\_\_\_  
**Applicant's name (Last, First, MI)**

\_\_\_\_\_  
**Student I.D. Number**

**1. What is your relationship to the applicant? (Please check)**

- Employer/Supervisor
- \_\_\_\_\_ College faculty
- School/College support staff
- Other

Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Please give your personal appraisal of the applicant (check one box)**

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Unable to evaluate</b>
Communication skills					
Team player					
Self-reliance and initiative					
Organization and follow through					
Leadership					
Motivation					
Responsibility and conscientiousness					



**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**SCHOLARSHIP RECOMMENDATION FORM 1 cont.**

**3. Please comment on any exceptional scholastic abilities and/or other accomplishments exhibited by the applicant:**

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**4. Are you aware of any obstacles or financial hardships the student has had to overcome?**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**



**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**SCHOLARSHIP RECOMMENDATION FORM 2**

Letters of recommendation on this form only. No other format will be accepted

\_\_\_\_\_  
**Applicant's name (Last, First, MI)**

\_\_\_\_\_  
**Student I.D. No.**

**5. What is your relationship to the applicant? (Please check)**

- Employer/Supervisor
- \_\_\_\_\_ College faculty
- School/College support staff
- Other

Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Please give your personal appraisal of the applicant (check one box)**

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Unable to evaluate</b>
Communication skills					
Team player					
Self-reliance and initiative					
Organization and follow through					
Leadership					
Motivation					
Responsibility and conscientiousness					





**ROBERT HARRELL  
SCHOLARSHIP  
APPLICATION**

**SCHOLARSHIP RECOMMENDATION FORM 2 cont.**

**7. Please comment on any exceptional scholastic abilities and/or other accomplishments exhibited by the applicant:**

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**8. Are you aware of any obstacles or financial hardships the student has had to overcome?**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**