

THERESA CORTI AGRICULTURAL SCHOLARSHIP APPLICATION

2012/2013 SCHOLASTIC YEAR

Postmark deadline – Thursday, March 1, 2012

ELIGIBILITY REQUIREMENTS

ALL APPLICANTS MUST:

- be either a graduate or senior from a Kern County, CA high school
- be considered a full-time student (i.e. 12 units)
- achieve at least a 2.0 cumulative GPA while in high school or a 2.0 term GPA while in college
- have an agriculture or ag-related major at an accredited two- or four-year college or university (forestry is not eligible)

OTHER INFORMATION

Scholarships are competitive and will be awarded for one year of full-time undergraduate study. This scholarship is **not** automatically renewed. You must apply on or before **March 1, 2012**, prior to your anticipated year of study. If a student is awarded a scholarship by the committee and at any time during the award year does not meet the said requirements, the student may be dropped from the award program. Monies not paid out by the end of the scholastic year due to failure of the recipient to meet requirements will **not** be carried over to the next year and shall revert to the Corti Scholarship Trust.

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

STUDENT APPLICATION

sms.scholarshipamerica.org/wellsfargotrust

**FOR
SCHOLARSHIP
MANAGEMENT
SERVICES
USE ONLY**

I.D. #		AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

Please indicate your gender. (For statistical purposes only) Male Female

Are you a prior recipient of the Corti Scholarship? Yes _____ No _____

If you are a prior recipient, how many years have you received funds? _____

**HIGH
SCHOOL
DATA**

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

**POST-
SECONDARY
SCHOOL
DATA**

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Year in school **next** year: 1 2 3 4 5 or Graduate Study

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

OTHER SCHOLARSHIP AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award: _____ School to which award will be applied: _____ Amount: \$ _____ Check One: Granted Pending

_____ \$ _____ Granted Pending

FINANCIAL STATEMENT BY PARENT/GUARDIAN

The applicant's parent/guardian must complete this page of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. To be considered for an award, this page must be filled out completely.

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Work Telephone (_____) Fax Number (_____) _____

Email Address _____

Relationship to Applicant _____ The applicant is my dependant for tax purposes Yes No

INSTRUCTIONS FOR COMPLETING FINANCIAL DATA SECTION

Note: You must provide proof of income if you do not file Federal Tax Returns, or if you receive benefits from SSI, unemployment, or disability.

1. **State of Residence** is the state where the parent(s) reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced or increased by specific adjustments allowed by law.
3. **Total Federal Tax Paid** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is not the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.
4. **Total Income of parent(s)** should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information must be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.,** include liquid assets that can be used for educational expenses. Do not include IRA, 401k, or other retirement plan funds.
8. **Total number of family members living in the household and primarily supported by the reported income** may include: the applicant; the applicant's parents; other children living in the household; dependent college students living away from home; and other people who live in the household and receive more than half of their support from the reported income.
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

PARENTS' FINANCIAL DATA (REQUIRED)

You MUST attach the first page of your most recent Federal Tax Returns.

1. State of Residence	_____	6. Medical and Dental Expenses not paid by insurance (exclude premiums)	\$ _____
2. Adjusted Gross Income (FORM 1040)	\$ _____	7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$	_____
3. Total Federal Tax Paid (FORM 1040)	\$ _____	8. Total number of family members living in the household and primarily supported by the reported income ...#	_____
(Not the amount withheld from paychecks)		9. Marital status of employee parent or guardian:	
4. Total Income of Father	\$ _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Total Income of Mother	\$ _____	10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents)...#	_____
5. Yearly Untaxed Income and Benefits:			
Please indicate source –			
<input type="checkbox"/> Social Security <input type="checkbox"/> Child Support			
<input type="checkbox"/> Other	\$ _____		

Comments:

Please provide us with a brief statement or any additional information and/or supplemental attachments regarding your family income, how you plan to assist your child in continuing his/her education, and if there are any special circumstances limiting your assistance with the cost of education which you believe will assist the committee in evaluating your request. Should additional space be required, please use the reverse side of this paper.

CERTIFICATION

I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Parent's Signature _____ Date _____

