Barbara Blake was a teacher at Orange Glen Elementary in Escondido, California for 25 years. Barbara’s family wished to honor her memory by endowing a scholarship in her name. Friends and Colleagues joined with the family to honor Barbara by creating the perpetual Barbara Blake Memorial Scholarship.

The Family expressed their desire for recipients to be high school seniors from the Escondido Union High School District who had attended Orange Glen Elementary School in the Escondido Union School District.

This scholarship is for a total award amount of $2,000. The recipient, upon proof of enrollment as a full-time student (12 semester units or more), proof of registration and proof of class completion with a minimum GPA of 3.0, will receive this amount in two payments of $1,000; one payment at the completion of the first year, and one payment at the completion of the second year.

Application Procedures

A Complete Application Includes:

\_\_\_\_\_\_ Applicant Information

\_\_\_\_\_\_ Applicant’s Statement (Maximum of 200 words)

\_\_\_\_\_\_ School/Community Activity Record

\_\_\_\_\_\_ Official Transcripts

\_\_\_\_\_\_ Letter of Recommendation #1 (School Employee: Teacher, Counselor, Administrator, Coach)

\_\_\_\_\_\_ Letter of Recommendation #2 (School Employee: Teacher, Counselor, Administrator, Coach)

\_\_\_\_\_\_ Letter of Recommendation #3 (Community Member: Someone who knows the applicant primarily outside of the school setting.)

Directions:

1. Applications that do not follow the directions or applications that are incomplete will not be considered.
2. Applications that are not signed by the applicant affirming that he or she intends to enter an accredited school of higher learning are considered incomplete.
3. The ENTIRE APPLICATION must be submitted in one envelope \*

\*Letters of Recommendation and transcripts may be sent separately, but must be postmarked by Tuesday, April 5th, 2016.

1. The Application Envelope may be mailed to:

Escondido Elementary Educators Association

Attn: Scholarship Committee

P.O. Box 548

Escondido, CA 92033

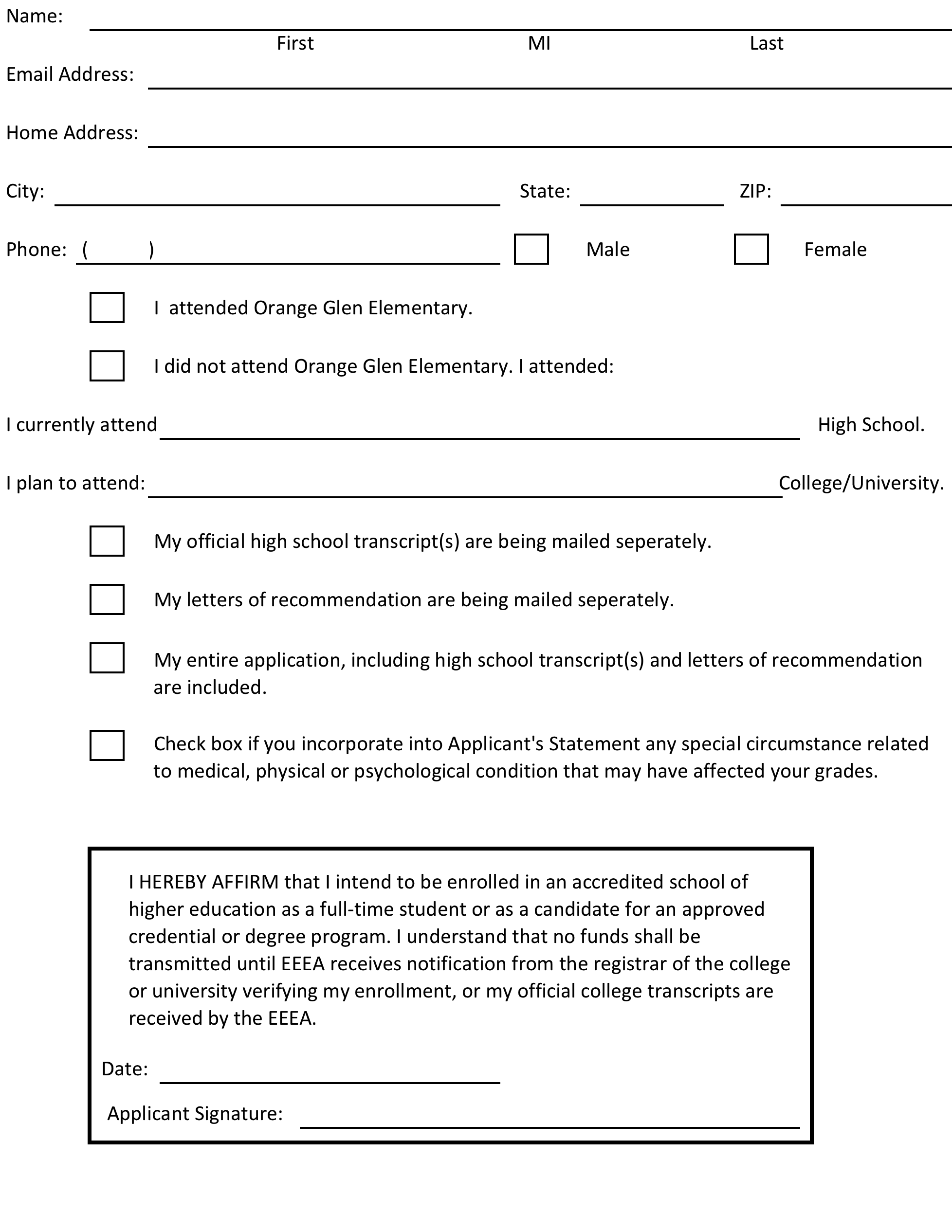
or scanned and emailed as a PDF document to:

eeeaoffice@gmail.com

1. **Applications must be postmarked by Tuesday, April 5th, 2016.**

**Questions? Call 760.746.1438 and ask for Jesusa Lopez or email eeeaoffice@gmail.com**

Applicant Information



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Statement and School/Community Record Directions

**Personal Statement:**

* Please describe your personal attributes, unique qualities and future goals in a MAXIMUM of 200 words on another sheet of paper. Longer statements will not be read beyond 200 words.
* You may incorporate an explanation of any special circumstances related to medical, physical, or psychological condition that may have affected your grades.

**School/Community Record Directions:**

* Please provide information regarding your participation in your school and community in the following five categories on another sheet of paper.
* Specify any offices held and note years of participation.
* Bullet Points Recommended

**School/Community Record Categories:**

* School Organizations/ Activities:
* Awards/ Honors/ Achievements:
* Community Organizations/ Activities:
* Employment:
* Personal Achievements:

**Letter of Recommendation**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please do not hand write.

Type on a separate page and attach typed letter of recommendation.

When writing the letter of recommendation, please address each category:

1. Involvement in and sensitivity to social and civic issues.
2. Characteristics such as responsibility, reliability and integrity.
3. Academic and vocational potential.
4. Special and personal achievements.

Attach recommendation to this form. Return to applicant. If you would prefer, you may send it directly to the EEEA at:

EEEA

Attn: Scholarship Committee

PO Box 548,

Escondido, CA 92033

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: ☐ School Employee ☐Community Member

Company/ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of year(s) you have known applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Letter of Recommendation**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: ☐ School Employee ☐Community Member

Company/ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Letter of Recommendation**

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Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: ☐ School Employee ☐Community Member

Company/ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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