

# SCTA Scholarship Application Testing and Credential Fee Reimbursement



This application is intended to reimburse SCTA members for the cost of test fees, live scan fees, and credentialing fees. It does not cover credential program tuition or books. The scholarship amount is to not exceed a total of one-hundred-and-fifty dollars (\$150) per applicant and is applicable to fees incurred within the last two (2) SCTA membership years (2008-09 and 2009-10).

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_

Campus \_\_\_\_\_

*(Please no abbreviations)*

Initial SCTA Membership start date (*Month/Year*) \_\_\_\_\_

California Location: North / South (*Circle*)

What SCTA/CTA conference(s) have you attended? (*Name and Date*)

Application must be received by Monday, April 26, 2010.

*Requesting funding for: (check all that apply)*

CBEST      Date of test \_\_\_\_\_      Amount requested \$ \_\_\_\_\_

CSET      Date of test \_\_\_\_\_      Amount requested \$ \_\_\_\_\_

RICA      Date of test \_\_\_\_\_      Amount requested \$ \_\_\_\_\_

Credential Application Fees      Amount requested \$ \_\_\_\_\_

Live Scan      Amount requested \$ \_\_\_\_\_

- Reimbursement only after appointment.

**Total Amount Requested: \$ \_\_\_\_\_**

**\*PROOF OF PAYMENT MUST BE ATTACHED\***

*Self identification: (check all that apply)*

- African American/Black
- Hispanic/Latino
- Asian/Pacific Islander
- Native American/Alaskan Native
- Caucasian
- Gay Lesbian Bisexual Transgendered (GLBT)
- Student with Disabilities

**MAIL WITH ATTACHMENTS TO:**

Student CTA  
P.O. Box 921  
Burlingame, CA 94011-0921  
Fax: 650/552-5018

**"As a future educator, what will you do to inspire and motivate all of your students? What creative strategies will you implement to encourage even those students who are disengaged? (*Please answer on the back of this form.*)"**

Office use only: Submission date \_\_\_\_\_ Criteria 1 \_\_\_\_\_ Criteria 2 \_\_\_\_\_ Amount Awarded \_\_\_\_\_