

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 (2007-08 and 2008-09).

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 Friday, May 1, 2009.

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: 650/552-5346

Please explain the circumstances that have lead you to request these funds? What uniquely makes you in need of this support? (*Please answer on the back of this form.*)