



2017

CAL COAST CARES FOUNDATION SCHOLARSHIP PROGRAM

Cal Coast Cares Foundation is pleased to announce a scholarship award program to recognize outstanding students for their dedication to academic excellence. The scholarship is in honor of James L. McPheters who retired after 21 years as California Coast's President/CEO, and for California Coast Credit Union which has been serving members for over 85 years. These scholarships will be awarded to college-bound high school seniors in San Diego and/or Riverside counties.

- A. To be eligible, a graduating high school senior must:
 - Be a member of California Coast Credit Union, or the child, grandchild or legal ward of a member, in good standing.
 - Have a cumulative high school grade point average, or equivalent, of at least 3.0 on a scale of 0 - 4.0.
 - Be accepted by or plan to attend an accredited college or university on a full-time basis.
 - Submit a scholarship application packet with all required components at the same time to California Coast Credit Union, **postmarked no later than March 31, 2017** -- no exceptions will be made. Incomplete applications will not be reviewed.
- B. Each scholarship will be payable no later than December 31, 2017.
- C. The award will be determined by the Scholarship Awards Committee appointed by the Cal Coast Cares Foundation Board. Financial need may be a consideration.
- D. With the recipient, parent/guardian's approval, their name and photograph may be used for public relations efforts. Recipient, parent/guardian's approval is not required to apply for the scholarship program.
- E. The Scholarship Awards Committee will rely on information provided from the student's current school in the selection process.
- F. Credit union staff, officials and their families are not eligible to participate in the scholarship program.
- G. Please send application to:
 - California Coast Credit Union
 - Attn: Cal Coast Cares Foundation
 - Scholarship Committee
 - P.O. Box 502080
 - San Diego, CA 92150-2080
- H. For information:
 - Community Relations Department
 - (858) 636-4233 or (858) 636-4229

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APPLICANT INFORMATION

Name: _____ Age: _____

Address: _____
(Include City, State and Zip Code)

Phone: (_____) _____ Email Address: _____

Member: Yes _____ No _____

PARENT/GUARDIAN INFORMATION

Name: _____ Occupation: _____

Name: _____ Occupation: _____

Member: Yes _____ No _____

SCHOLASTIC INFORMATION

High School: _____

College to attend (if known): _____

College Address: _____

Expected area of study: _____

Have you applied? _____ If so, have you been accepted? _____

Career Goal(s): _____

ACTIVITIES (Attach extra sheets if desired)

List participation in school activities (music, athletics, student government, clubs, etc.). Provide dates and responsibilities or offices held.

List involvement in community activities (volunteer work, membership or leadership in service organizations). Include dates and number of hours of volunteer work.

WORK EXPERIENCE (Attach extra sheets if desired)

List all work experience, including dates, job titles, average hours worked per week and length of time in job.

REFERENCES

Provide names and addresses of two references and attach their letters of reference.

Name: _____

Address: _____

Name: _____

Address: _____

ADDITIONAL INFORMATION

Provide information that may support your application. Financial need may be a consideration.

ESSAY INFORMATION

Essay must be approximately 500 words, typewritten and accompany this application.

Essay Topic: “California Coast Credit Union, like all credit unions, was founded on the principle of people helping people. Please tell us about an experience where you used your time and talents to help an individual, a group or the community.”

PLEASE HAVE YOUR PARENT/GUARDIAN COMPLETE THE FOLLOWING INFORMATION:

Student's Name: _____

I, _____,

parent/guardian of _____, agree to the releasing of high school transcripts and test scores to California Coast Credit Union Scholarship Committee. With the recipient and parent/guardian's approval, their name and photograph may be used for public relations efforts. Recipient and parent/guardian's approval is not required to apply for the scholarship program.

Signature

Date

PLEASE HAVE YOUR SCHOOL COMPLETE THE FOLLOWING INFORMATION:

Cumulative High School GPA _____

PSAT Index _____

SAT Total _____

ACT Total _____

Signature and title of school official
verifying GPA and scores

Phone #

Date

Please attach the student's **Official High School Transcript** to this application.

(If grades are not available for classes taken during the second semester, please list the classes being taken and attach to Official High School Transcript.)

Please mail the transcript along with your application by March 31, 2017 to:

California Coast Credit Union
Attn: Cal Coast Cares Foundation
Scholarship Committee
P.O. Box 502080
San Diego, CA 92150-2080