



2020

**CAL COAST CARES FOUNDATION HIGH SCHOOL
SCHOLARSHIP PROGRAM**

Cal Coast Cares Foundation is pleased to announce a scholarship award program to college-bound high school seniors residing in San Diego or Riverside County. 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 90 years.

- 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.
 - Reside in San Diego or Riverside County.
 - Have a cumulative high school grade point average, or equivalent, of at least 3.0 on a scale of 0 - 4.0. An official transcript (sealed) is required. Copies of official transcripts are not acceptable.
 - Have applied or been accepted to attend an accredited college or university on a full-time basis.
 - Submit a scholarship application packet with all required components to Cal Coast Cares Foundation, must be received by or postmarked no later than **April 30, 2020**. Incomplete applications will not be reviewed.
- B. Each scholarship will be payable no later than December 31, 2020.
- C. The award will be determined by the Scholarship Selection Awards Committee appointed by the Cal Coast Cares Foundation Board.
- D. The recipient's name and photograph may be used for public relations efforts with the recipient, parent/guardian's approval.
- E. The Scholarship Selection 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. Applications can be emailed to: CCCFoundation@calcoastcu.org
Or mailed to: Cal Coast Cares Foundation
Attn: Allie Kosciak
P.O. Box 502080
San Diego, CA 92150-2080
- H. For information: Community Relations Department
(858) 636-4233

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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? Yes _____ No _____ If so, have you been accepted? Yes _____ No _____

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.

COMMUNITY

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

WORK EXPERIENCE (Attach extra sheets if needed)

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

REFERENCES

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

Name: _____

Address: _____

Phone: _____ Email address: _____

Name: _____

Address: _____

Phone: _____ Email address: _____

ADDITIONAL INFORMATION

Provide information that may support your application including financial need as that is taken into 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 release of high school transcripts and test scores to Cal Coast Cares Foundation Scholarship Committee. The recipient's name and photograph may be used for public relations efforts with the recipient, parent/guardian's approval. Recipient, 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 _____ Title _____

Signature and title of school official verifying GPA and scores:

Phone: _____ Email address: _____ 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 official transcript (sealed) along with your application by **April 30, 2020** to:

Applications can be emailed to: CCCFoundation@calcoastcu.org

Official Transcripts can be mailed to: Cal Coast Cares Foundation
Attn: Allie Kosciak
P.O. Box 502080
San Diego, CA 92150-2080