

# California Table Grape Field Worker Scholarship

A COMMUNITY OUTREACH PROGRAM OF CALIFORNIA'S TABLE GRAPE GROWERS



## 2020 APPLICATION FORM

Up to Three \$25,000 Four-Year Scholarships  
Available to High School Graduates



## HOW WE CAN HELP

California's table grape growers are offering scholarships to field workers and their children to attend four-year universities or colleges in California. High school graduates and seniors graduating in 2020 are invited to submit an application.

Up to three \$25,000 four-year scholarships are available. The scholarship award is divided over a four-year period in which the student receives up to \$6,250 per year, provided he or she maintains an annual grade point average of 2.0 or above and is enrolled as a full-time student.

## ELIGIBILITY

To be eligible, you or a parent or a legal guardian must have been employed as a field worker in a California table grape vineyard during the 2019 season or plan to be so employed during the 2020 season. Applicants must be high school graduates or high school seniors graduating in 2020.<sup>1</sup>

## APPLYING FOR THE SCHOLARSHIP

To apply for the scholarship, you must complete this application form, and sign and date where noted. In addition to the application, please supply the following items:

- Your official high school transcript.
- A copy of your SAT and/or ACT scores.
- An essay written by you that is no more than two pages long. In this essay, you should describe yourself, your educational and career goals, and write about the people or events that have influenced you. Include a paragraph on how this scholarship, if awarded to you, will assist you with your educational or career goals. This is your chance to provide the scholarship committee with a compelling reason to award you the scholarship.
- A list of honors or awards you have received and activities in which you are involved (school, work, church, home, or community).

- Two letters of recommendation written specifically for this scholarship; one from your school principal, counselor, or instructor and the other from an employer or a person in the community. The writer should include his or her address, telephone number(s), and position in the community.

Additional copies of this application are available at [www.grapesfromcalifornia.com/community-outreach/grants-and-scholarships/](http://www.grapesfromcalifornia.com/community-outreach/grants-and-scholarships/).

## HOW THE SELECTION IS MADE

Scholarship applications are reviewed by the California Table Grape Scholarship Committee. Selection is based on clear educational or career goals, academic performance, obstacles overcome, leadership ability, community service, and financial need.<sup>2</sup> Preference will be given to those expressing a commitment to a future in agriculture and/or a career in the California table grape industry.

## COMPLETED APPLICATIONS

By signing this application, you agree that you have read all of the instructions and qualifications and that all information in the application is true and accurate. The application deadline is 5 p.m. Friday, February 14, 2020.

Complete applications, with all of the materials noted, can be submitted via email to [scholarships@grapesfromcalifornia.com](mailto:scholarships@grapesfromcalifornia.com)

or via regular mail to:

**California Table Grape Scholarship Committee**  
**392 W. Fallbrook Avenue, Suite 101**  
**Fresno, CA 93711-6150**

All materials will become the property of the California Table Grape Commission (commission).

If you have questions about the scholarship application or eligibility, please contact Jeff Cardinale at the commission office at 559-447-8350 or send an email to [scholarships@grapesfromcalifornia.com](mailto:scholarships@grapesfromcalifornia.com).

*Scholarships are funded by California's table grape growers.*

☐ I have read the requirements for the California Table Grape Field Worker Scholarship.

**Signature:**

**Name:**

**Date:**

<sup>1</sup> Those currently enrolled in college are not eligible.

<sup>2</sup> The California Table Grape Commission reserves the right to not award scholarships.

# 2020 CALIFORNIA TABLE GRAPE FIELD WORKER FOUR-YEAR SCHOLARSHIP APPLICATION FORM

## STUDENT INFORMATION

In order to evaluate your application, please provide all of the information requested below, which includes information about you, your school, and your plans to continue your education.

|  |                                       |              |
|--|---------------------------------------|--------------|
| Last Name:   | First Name:                           | Middle Name: |
| Street:  | City:                                 | Zip:         |
| Phone:   | Cell:                                 | Email:       |
| Date of Birth:   | Social Security Number:               |              |
| High School Attended:                                      | Expected High School Graduation Date: |              |
| High School Counselor's Name:                              | High School Counselor's Phone:        |              |
| High School Counselor's Email:                             | SAT/ACT Scores:                       |              |
| College You Plan to Attend (Must be in California):        |                                       |              |
| Planned Major:   | Career Goal:                          |              |
| Admissions Office Phone:                                   | Financial Aid Office Phone:           |              |
| Other Scholarships, Grants, Loans Applied for and Amounts: |                                       |              |

## QUALIFYING INFORMATION

To be eligible, you or a parent or a legal guardian must have been employed as a field worker in a California table grape vineyard during the 2019 season or plan to be so employed during the 2020 season. It is very important that you provide all of the information requested below in order for your application to be competitive.

|  |                            |
|--|----------------------------|
| Name of Qualifying Family Member(s):   | Type of Field Work Done:   |
| Relationship to Applicant:   | Social Security Number(s): |
| Please Select One: <input type="radio"/> Farming Operation <input type="radio"/> Labor Contractor <input type="radio"/> Other: |                            |
| Company Name:  |                            |
| Street:  | City: State: Zip:          |
| Phone:   | Last Date of Employment:   |

## HIGH SCHOOL VERIFICATION

A school official must fill in GPA information and sign below.

|  |               |
|--|---------------|
| Unweighted GPA:  | Weighted GPA: |
| <i>Please provide weighted and unweighted numbers, if applicable, by averaging the most recent five semesters, including the senior year first semester.</i> |               |
| Name:  | Position:     |
| Signature:   | Email: Phone: |

## CONSENT INFORMATION

### EMPLOYMENT CONSENT

Your parent or legal guardian must complete the information below in order for your application to be considered eligible for review by the scholarship committee. A courtesy translation is provided; however, the English language version controls.

#### ENGLISH

I authorize a representative of the California Table Grape Commission to receive information relating to my employment with the Employer noted in this application and to verify the accuracy of all information received. I authorize the Employer to release information about my work history, specifically whether or not the work was in the 2019 or 2020 table grape harvest. In authorizing release of this information, I hereby release the Employer and all individuals associated with the Employer from any and all liability that may result from providing this information to the California Table Grape Commission. This authorization will be valid for one (1) year from the date of my signature below.

#### ESPAÑOL

Yo autorizo a un representante de la Comisión de Uva de Mesa de California para recibir información sobre mi trabajo con el empleador anotado en esta aplicación y verificar la exactitud de toda la información recibida. Yo autorizo el empleador a divulgar información sobre mi historial de empleo, específicamente si era o no el trabajo en la cosecha de uva de mesa 2019 o 2020. Al autorizar la divulgación de esta información, por este medio desligo al empleador y todos los individuos asociados con el empleador de toda responsabilidad que pueda resultar de proporcionar esta información a la Comisión de Uva de Mesa de California. Esta autorización será válida por un (1) año a partir de la fecha de mi firma a continuación.

Employee Name Printed/Nombre de Empleado: \_\_\_\_\_

Signature/Firma: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

### PERMISSION TO USE PHOTOGRAPH/VIDEO

I grant to the California Table Grape Commission the right to take photographs and/or video of me and my family in connection with the California Table Grape Field Worker Scholarship. I authorize the California Table Grape Commission, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the California Table Grape Commission may use such photographs and/or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCIAL AID CONSENT

#### Consent to Release Information

The scholarship applicant agrees that the California Table Grape Commission will be fully informed as to the applicant's academic standing, financial need, and other factors having a bearing on this application.

If selected as a finalist of a scholarship administered by the California Table Grape Commission, the applicant hereby gives his/her consent for a representative of the commission to be furnished with information concerning expenses, financial awards and aid, and academic standing at the institution where he/she is enrolled. This Release of Information form is the authority to permit records or other information to be provided to the California Table Grape Commission.

The applicant further agrees that if, for any reason, he/she ceases to be a student at the enrolled institution, he/she releases all claims of ownership and title to any sums of money which remain unexpended in his/her account and which were paid into his/her account by the California Table Grape Commission. The applicant further agrees and consents to the reimbursement by such institution of any unexpended sums of money into his/her account to the commission.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_