



A CALIFORNIA TABLE GRAPE GROWER COMMUNITY OUTREACH PROGRAM



CALIFORNIA TABLE GRAPE  
**FIELD WORKER**  
SCHOLARSHIP

**2026** APPLICATION FORM

FIELD WORKER SCHOLARSHIPS

California table grape growers are offering scholarships to field workers and their children to attend four-year universities or colleges in California.

There are two categories of scholarships. The first, called the Bridge Scholarship, is a \$14,500 scholarship for students who will attend two years at a community college and transfer to a four-year university. The second is a \$25,000 scholarship for students who will attend a four-year university. Three scholarships of each category are available.

ELIGIBILITY

Applicants must meet all of the following criteria:

- You, a parent, or legal guardian must have been employed as a field worker in a California table grape vineyard during the 2025 harvest season or plan to be so employed during the 2026 season.
- High school graduate or high school senior graduating in 2026.<sup>1</sup>

APPLYING FOR THE SCHOLARSHIP

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

- An official high school transcript.
- An essay that is no more than two pages long. In this essay, describe yourself, your educational and career goals, financial need, obstacles you have overcome, and the people or events that have influenced you. Include a paragraph on how this scholarship, if awarded, will assist with your educational and career goals.
- A list of any honors or awards received and activities in which you are involved (e.g., school, work, church, home, or community).
- Two letters of recommendation written specifically for this scholarship; one from a school principal, counselor, or instructor; and the other from an employer or a person in the community.

SELECTION PROCESS

Scholarship applications are reviewed by the Scholarship Committee, which is made up of agriculturalists, educators, and members of the community. Selection is based on financial need, academic performance, obstacles overcome, clear educational or career goals, and community service. Preference will be given to those expressing a commitment to a future in agriculture and/or a career in the California table grape industry.

The California Table Grape Commission reserves the right to not award scholarships.

APPLICATION DEADLINE

The application deadline is 5 p.m. Friday, February 6, 2026.

The complete application, with all of the materials noted, can be submitted 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 application materials become the property of the California Table Grape Commission.

Contact Jackie Nakashian at the commission at 559-447-8350 or [scholarships@grapesfromcalifornia.com](mailto:scholarships@grapesfromcalifornia.com) for more information.

☐ I have read the requirements for the California Table Grape Field Worker Scholarship and affirm that the information submitted is true and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# 2026 CALIFORNIA TABLE GRAPE FIELD WORKER SCHOLARSHIP APPLICATION FORM

## STUDENT INFORMATION

Please provide all of the information requested below. Please check which scholarship you are applying for:

☐ Bridge Scholarship    ☐ Four-Year University Scholarship

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Expected High School Graduation Date: \_\_\_\_\_

High School Counselor Name: \_\_\_\_\_ High School Counselor Phone: \_\_\_\_\_

High School Counselor Email: \_\_\_\_\_

California College or University You Plan to Attend: \_\_\_\_\_

Planned Major: \_\_\_\_\_ Career Goal: \_\_\_\_\_

Other Scholarships, Grants, or Loans You've Applied for (Include Amounts): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## QUALIFYING INFORMATION

To be eligible, the applicant or a parent or a legal guardian must have been employed as a field worker in a California table grape vineyard during the 2025 harvest season or plan to be so employed during the 2026 season. It is very important that all of the information requested below is provided in order for the application to be considered.

Name of Qualifying Family Member(s): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Your Employer is a:    ☐ Grower or Farmer    ☐ Labor Contractor    ☐ Not sure

Company/Employer Name: \_\_\_\_\_ Type of Field Work Done: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

## HIGH SCHOOL VERIFICATION

A school official must complete this section and sign below.

Unweighted GPA: \_\_\_\_\_ Weighted GPA: \_\_\_\_\_

Please provide weighted and unweighted numbers, if applicable, by averaging the most recent five semesters, including the senior year first semester.

School Official Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

# CONSENT INFORMATION

## CONSENT TO RELEASE INFORMATION

A parent or legal guardian must complete the information below in order for the 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 2025 or will be in the 2026 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 2025 o será en el 2026. 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:

## 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 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 the applicant 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.

If, for any reason, the applicant ceases to be a student at the enrolled institution, applicant releases all claim of ownership and title to any sums of money which remain unexpended in applicant's account and which were paid into applicant's 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 applicant's account to the commission.

Applicant Name:	
Applicant Signature:	Date:

## 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, social media, advertising, and web content.

Applicant Name:	
Applicant Signature:	Date: