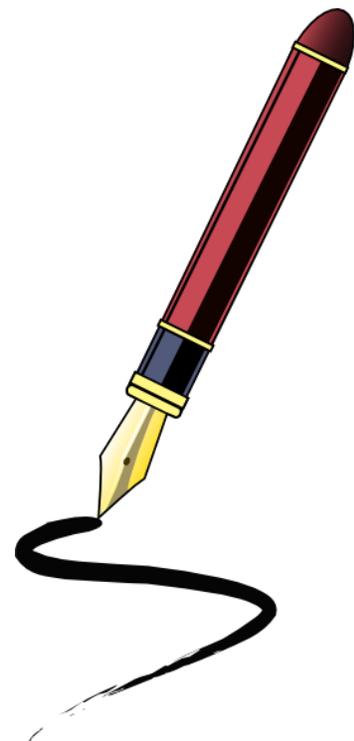


# *Career Beginnings Mentoring Program Scholarship 2019-2020*

*Please complete and return the attached scholarship  
application to your Career Technician.*

***Due Date: Monday, February 4, 2019***

*Career Beginnings Mentoring Program  
&  
Santa Ana Unified School District*





- 1801 S. Greenville St., Santa Ana, CA 92704 • (714) 241-6588
- careerbeginningsmp@gmail.com

## **About Us**

Career Beginnings Mentoring Program (CBMP) is a non-profit organization that partners with the Santa Ana Unified School District and business professionals to provide mentors for high school seniors transitioning to higher education. Since 1987, CBMP has helped students accomplish their goals of graduating from high school, moving on to post-secondary education, finding promising careers, and making positive contributions back to their communities. The program receives guidance from an Advisory Board and is run by a small administrative staff and a volunteer Board of Directors, many of whom also serve as mentors. We receive support from individuals and institutions in the community. The relationships and networks created through this mentoring program are positive, inspirational, and lasting. Through its work, CBMP has been able to further ensure the success of its graduates in college, their careers, and beyond.

## **Mission**

CBMP's mission is to transition youth from high school into higher education and careers so they become successful, prepared, contributing adults.

## **Vision**

- Connect each student with a mentor
- Assist students with career planning
- Provide an opportunity for each student to utilize his/her community as a learning laboratory to enhance his/her transition into adulthood



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SCHOLARSHIP APPLICATION

Scholarship Due Date: Monday, February 4, 2018

Scholarship Requirements:

- 1. Student must be a senior in the Santa Ana Unified School District
2. Student must enroll in a minimum of 12 units at a higher education institution in the fall of 2019
3. Scholarship money is contingent upon student:
a. Participating in the 2019-2020 Career Beginnings Mentoring Program
b. Attending monthly Saturday Workshops for 1.5 hours starting May 2019
c. Having a responsive communication with an assigned mentor
d. Submitting a copy of their Registration Statements at the beginning of each semester/quarter as proof of enrollment in 12 units
4. Upon meeting the above requirements, the \$500 scholarship will be awarded in two payments:
a. August 2019
b. January 2020

Application Instructions:

- 1. Attach a copy of your resume
2. Attach a copy of your current transcript
3. Include one (1) letter of recommendation (teacher, counselor, community leader, or employer)
4. Return completed application with all the required documents to your Career Technician by the due date

Type or print legibly in black ink:

Date \_\_\_\_\_ [ ] Male [ ] Female
High School \_\_\_\_\_ Student ID# \_\_\_\_\_
Name (in full) \_\_\_\_\_
Last First Middle
Address \_\_\_\_\_
Number Street Apt. # City Zip
Phone # ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

What extracurricular activities are you involved in at school or in your community? \_\_\_\_\_

What is your current GPA? \_\_\_\_\_

**Questions:**

1. What is your career goal? \_\_\_\_\_
2. What colleges have you been accepted to? \_\_\_\_\_  
\_\_\_\_\_
3. What is your first choice? \_\_\_\_\_
4. Are there any barriers that would keep you from attending your first choice? Yes  No   
If yes, please explain: \_\_\_\_\_

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**Please attach a separate sheet of paper with your answers for numbers 5 and 6.**  
**Make sure to write your name, school, and school ID on every separate sheet of paper you attach.**

5. **Personal Statement (250 words):** State relevant information about your family, personal background, work experience, educational plans, career interest, and goals that you consider important to this application.
  
6. **Essay Topic (250 words):** Career Beginnings Mentoring Program assigns mentors to our scholarship recipients so that students gain the confidence and guidance needed for their first year of college. We host monthly workshops to facilitate and foster this relationship. We also provide students with tools they can use to help guide them to make choices to become successful, contributing adults. Please tell us about how you think having a mentor will positively impact your first year of college and help you plan for the future.

**Note: You must be enrolled in a minimum of 12 units and attend workshops to receive your scholarship.**

Office use only:	Total Points: _____
_____ Signature	
Program Coordinator	

# STUDENT CONTRACT

**If I am accepted to this program, I will agree to the following:**

*(Write your initials if you accept)*

\_\_\_\_\_ Attend monthly Saturday workshops during my first-year of college

\_\_\_\_\_ Attend additional enrichment activities throughout the year

\_\_\_\_\_ Meet with and communicate with my mentor on a regular basis (at least twice a month)

If you **didn't** initial any of the above, please state a reason: \_\_\_\_\_

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\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# 2ND YEAR SCHOLARSHIP OPPORTUNITY EXPECTATIONS

**If I successfully attend all monthly workshops during the 2019-2020 program year and maintain constant communication with my mentor, I understand I may qualify for an additional scholarship for my second year of college, with the amount to be determined by the board. If selected, I understand I will need to do the following:**

*(Write your initials if you accept)*

\_\_\_\_\_ Co-facilitate one workshop per semester

\_\_\_\_\_ Become a first-year college mentor for students in the 2020-2021 program

\_\_\_\_\_ Collaborate with the program coordinator in developing workshops and/or activities

If you **didn't** initial any of the above, please state a reason: \_\_\_\_\_

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\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# PARENT'S LETTER OF CONSENT AND SUPPORT

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Student's Name

This letter confirms my interest and support of my son's/daughter's application to the Santa Ana Unified School District's Career Beginnings Mentoring Program. I understand that, if my child is accepted, the program may include:

- Assignment of a mentor (business person) who will assist my child throughout the program.
- Support services during his/her first year of college including; counseling, financial aid information, networking opportunities, group support, and other programs.
- Attendance to monthly workshops

I recognize the many benefits of the program and the importance of my involvement throughout my child's participation. I will attend scheduled programs, which involve parents, to the best of my ability.

By giving my permission for my child to participate in the Career Beginnings Mentoring Program, I acknowledge that Career Beginnings Mentoring Program and the Santa Ana Unified School District is released from all liability for any damage or injury which may arise out of this activity.

I understand that this letter is required for program eligibility and further understand that final selection is based on student motivation and income eligibility and that this letter doesn't guarantee my child's admission into the Career Beginnings Mentoring Program.

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Print Name

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Parent's Signature

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Print Name

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Parent's Signature

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Date

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Date

(NOTE: Single parent families require ONLY one signature)

# PHOTOGRAPHY AND/OR INTERVIEW RELEASE

Members of the news media, including newspaper photographers and television cameramen, may visit our program sometime during the school year to photograph and/or interview students. We would like your direction on whether or not you give permission for your son/daughter to participate. Except for a media request on a controversial matter about which we would notify you separately. This permission will cover the entire school year.

**IDO** give permission for my child, \_\_\_\_\_,  
to be photographed and/or interviewed.

**OR**

**IDO NOT** give permission for my child, \_\_\_\_\_,  
to be photographed and/or interviewed.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Thank you for your cooperation.

