West Valley College Classified Senate Scholarship Application

In recognition of the important contributions the Classified Staff makes towards the ultimate success of our students and employees, the West Valley College Classified Senate has developed a scholarship program to support educational and professional development opportunities for Classified Staff members. The scholarship is designed to provide financial support for qualified staff members to attend conferences, classes or training that will enrich the members’ knowledge, talents and abilities. The scholarship is not intended to fund the pursuit of ongoing coursework toward a college degree.

A sub-committee of the Classified Senate reviews applications and makes recommendations to the Senate based on eligibility, merit, and completeness of the application. Applications are accepted September through May of each academic year. Applications received by the 20th of the month will be reviewed by the sub-committee and brought to the Classified Senate on the following regularly scheduled meeting (typically the first Tuesday of the month) for approval. The maximum amount for an individual award is $350 per academic year. An individual may apply for more than one scholarship per year, provided the amount requested does not exceed a total of $350. Scholarship recipients will be notified of the approval or denial of the application following the decision made by the Classified Senate, usually within 30 days of application submittal.

To apply for a Classified Senate Scholarship you must:

☐ Meet the general eligibility criteria
  ✓ Be currently employed as a full-time or part-time permanent classified staff person;
  ✓ Have completed one year of service with the College or District; and
  ✓ Have primary work location at West Valley College campus.

☐ Fulfill the following requirements.
  ✓ Submit the completed application packet to the Classified Senate Vice President at least 10 days prior to the start of the planned activity;
  ✓ Submit supporting documents with your request, i.e. brochures, catalogs, flyers etc. which detail the event you wish to attend; and
  ✓ Report back to the Senate on the funded event/activity upon completion, as noted in supplemental questions on the following application form.

☐ Answer all supplemental questions completely and accurately.
  ✓ How will participating in this activity contribute to your personal and/or professional growth?
  ✓ How will your participation contribute to the goals of the West Valley College Classified Senate and the mission of the College?
  ✓ How will you share your experience with staff and/or students and what documentation will you include?
  ✓ What is the expected date of completion of your report or presentation?

Please complete the following form, using additional paper as needed, to Melissa Ceresa at the WVC ATTE in the Giurlani Hose, via inter-office mail or email to melissa.ceresa@wvm.edu.
WVCCS SCHOLARSHIP
APPLICATION FORM

Employee Name ______________________________  Department ____________________
Job Title __________________________________  Date of Employment ________________
Email ______________________________________  Phone _____________________________
Start Date of Event __________  End Date __________  Amount Requested $______________
Title of Event ____________________________
Purpose of Event ________________________________

SUPPLEMENTAL QUESTIONS (please limit your answers to 2 pages)

A. How will participating in this activity contribute to your personal and/or professional growth?

B. How will your participation contribute to the goals of the West Valley College Classified Senate and the mission of the College?

C. How will you share your experience with staff and/or students and what documentation will you include?

D. What is the expected date of completion of your report or presentation?

By signing this application, I declare that all information provided is true and complete to the best of my knowledge. I will provide all requested documentation prior to receiving scholarship funds. Upon completion of event, I will relay my experience via the method noted above. I understand that if any information provided in this application is found to be inaccurate, or if I am unable to attend or complete the funded event, I am not entitled to keep the awarded scholarship and may be asked to repay any scholarship funds that have been awarded.

Signature _________________________________ Date __________