### **Scholarship for Career Development**

### Due On or Before Monday, April 1, 2024

All Work-Based Learning students are encouraged to apply.

All GPA levels will be considered.

#### **Criteria for Applying:**

- 1. Applicant must be a student from one of the River East School-to-Career partnership high schools: Belchertown, Hampden Wilbraham Adult Learning, Longmeadow, Minnechaug Regional, Monson, Palmer, Pathfinder RVTHS, Quaboag Regional, Tantasqua Regional, or Ware.
- 2. Applicant must be graduating in May/June of the current year. Students who were Juniors during the 2022-2023 school year who participated in a Work-Based Learning Placement are eligible to apply.
- 3. Applicant must have participated in, or currently be participating in, a Work-Based Learning Placement (co-op/internship) coordinated through the school.
- 4. Applicant must demonstrate how the Work-Based Learning experience or other career education activities influenced his/her career choices.
- 5. Application must be timely and complete to be considered.

Important: The application may be completed in multiple sessions by clicking Save at the end of each page. You will need to supply a username and password in order to save your partially completed document. Please contact restcareer@yahoo.com for support if needed.

#### **Personal Information**

Full Name *		
First Name	Last Name	
Email *		
Mailing Addro	ess - Street or P.O. Box *	
City State Zip	Code *	
No commas		
Primary Phor	ne *	

Alternate Phone
Use format XXX-XXX-XXX
High School: *
Please Select 🔻
Select from list of eligible schools
Current Cumulative GPA: *
Please Select 🔻
If your GPA is not listed, please see your guidance counselor for an equivalent GPA on the 4.0 scale.
Verify Graduation Date *
☐ I WILL be graduating this May/June
☐ I WILL NOT be graduating this May/June
☐ I am part of the Thorton Burgess Adult Learning Program
What are your educational plans after high school? *
☐ Apprenticeship
☐ Career/Technical School
☐ Community College
☐ Military
☐ On-the-Job Training
☐ 4-Year College/University
Other

# **Description of Work-Based Learning Experience**

Name of the business or school where your work-based learning experience took place: *
Name of the supervisor/mentor at your work-based learning experience: *
Title and/or department of the supervisor/mentor at your work-based learning experience: *
1. Describe in detail the duties you performed in your work-based learning experience. (maximum 200 words) *
0/200
2. Explain any insights you gained about the CAREER as a result of your work-based learning experience activities in which you participated. Include what you liked and didn't like. (maximum 400 words) *

0/400

. , , , ,	n activities in which you participated. How will these insights 100 words) *

0/400

# **Activities and Career Preparation**

Including Volunteer and Work Experiences

4. Provide a list of extra-curricular and career-related activities; include clubs, leadership				
	part-time work, volunteer experiences, sports, career fairs, job shadowing, career workshops, etc. (maximum 200 words) *			
0/200				
	one or two activities from the list in Question 4 and explain how they helped you prepare er. (maximum 400 words) *			

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6. Please provide additional information to help us know you better and understand what inspires you. (maximum 400 words) *					

0/400

## **Career Interests**

7. In one or two sentences, describe the career you intend to pursue. If undecided, describe the options you are considering. *
0/100
0,100
Use of Funds
8. Describe how you would use scholarship funds if awarded (i.e. what expenses they will cover). *
0/100
0/100
By entering my name, checking the Electronic Signature box, and clicking SUBMIT, I certify that the information provided is true and complete to the best of my knowledge.
Electronic Signature *
☐ I acknowledge that I am electronically signing this application.
Heading
Submit

**%** Jotform

Unfortunately, you are not eligible to apply. Please contact your school's Career Facilitator or email us at restcareer@yahoo.com.

Mailing Address (Th	e scholarship check will l	be mailed to this address)	
Street Address			
Street Address Line 2			
City	State / Province		
Postal / Zip Code			
Date Submitted			