

EL DORADO COUNTY CHAMBER OF COMMERCE
Education Council
542 Main Street, Placerville, CA 95667
(530) 621-5885

Al Aguiar Memorial Scholarship
Application

The El Dorado County Chamber of Commerce has developed an “Education Council” that has agreed to the following Mission Statement:

“Provide an avenue through which the academic and business communities can work together to address the employee training and educational needs of our community.”

The “Al Aguiar Memorial Scholarship” is designed to provide a scholarship that is jointly funded by monies raised from the Education Council and Employer contribution.

This scholarship is intended to enable the community-based employer to help their employee increase their education and value as an employee. This scholarship will benefit the employee through educational training while remaining employed. The result will benefit both the employee and employer.

The criteria for awarding the Al Aguiar Memorial Scholarship include:

1. Completeness of the application
2. Demonstration of the consistency between proposed training and goals set forth by the employee and employer
3. The length of time that the applicant has lived and/or worked within the county
4. Demonstration of the benefit to be derived by the employee, employer, and county as a result of the proposed training
5. Preference will be given to applicants whose proposed training will be completed with accredited training institution located within El Dorado County

GENERAL:

1. Any person that received previous Al Aguiar Memorial Scholarship(s) must provide proof of completing previous training.
2. The number of scholarship(s) available depends upon the amount of funds available at the time of the scholarship selection.
3. The maximum amount available per scholarship applicant in a selection period is \$500, which includes 25% (\$125) from employer. A lifetime cap total assistance is not to exceed \$1,000. Scholarships may be used for:
 - a. Tuition
 - b. Registration and other training fees
 - c. Books and materials
4. A minimum of 25% of the training request must be assumed by the applicant’s employer, or (if employee assistance is not available) by another El Dorado County business. The 25% match may be waived only when extenuating circumstances have been identified by the Scholarship Committee.
5. Scholarships awarded must be collected within five months of the notification letter at the El Dorado County Chamber of Commerce. Verification of current enrollment will be requested before a check will be issued.
6. Application must be complete, accurate and neat.

7. A recommendation to award the scholarship will be made by the Scholarship Committee to the Education Council and the decision of the Education Council is final.
8. The applications are processed on a quarterly basis and will be accepted on a continuous basis.

PERSONAL:

9. Applicants must be a current resident of El Dorado County and have physically resided in El Dorado County for the last six months.
10. Applicants must complete the “Statement of Goals” on the form provided.

EDUCATION:

11. Applicants must be a high school graduate or have a high school equivalency certificate.

EMPLOYMENT:

12. Applicants must be working in El Dorado County.
13. Applicants must provide proof of employment on the “Employment Verification Questionnaire”.
14. Applicants must provide a “Letter of Recommendation from Employer on Company Letterhead”.

Good luck in your educational endeavors!

El Dorado County Chamber of Commerce
Education Council

**EL DORADO COUNTY CHAMBER OF COMMERCE
AL AGUIAR MEMORIAL SCHOLARSHIP**

APPLICATION

PERSONAL

(Please print or type)

| | | |
|----------------------------------------------------------------------------------|---------------------|--|
| NAME: (LAST) (FIRST) (MIDDLE) | | |
| CURRENT ADDRESS: | TELEPHONE #: | |
| PERMANENT ADDRESS: | LENGTH OF RESIDENCY | |
| ARE YOU A U.S. CITIZEN? <input type="checkbox"/> yes <input type="checkbox"/> no | | |

EMPLOYMENT

| TYPE | | DATES | | POSITION | EMPLOYER | ADDRESS | TELEPHONE |
|------|----|-------|----|----------|----------|---------|-----------|
| PT | FT | FROM | TO | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

EDUCATION

| NAME (High School, Colleges, Vocational Trade Schools) | ADDRESS | ATTEND | | GRADUATED | | MAJOR(S) | MINOR(S) |
|--------------------------------------------------------------|---------|--------|----|-----------|--------|----------|----------|
| | | FROM | TO | DATE | DEGREE | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CERTIFICATES RECEIVED: _____

YOUR EDUCATIONAL PLANS

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--|
| NAME: (Colleges, Vocational Trade Schools, Workshops, etc.) | | |
| ADDRESS: | | |
| COURSES: | | |
| BEGINNING/ENDING: | | |
| ESTIMATED COST: | | |
| Previous Recipient of Chamber of Commerce Al Aguiar Memorial Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, provide a copy of the Chamber of Commerce letter of approval. | |
| Are you presently receiving any form of educational financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, amount receiving: | |

**EL DORADO COUNTY CHAMBER OF COMMERCE
AL AGUIAR MEMORIAL SCHOLARSHIP**

EMPLOYMENT VERIFICATION QUESTIONNAIRE

SPONSOR'S QUESTIONNAIRE

(Complete Sponsor's Questionnaire only if the 25% funds are not from your employer.)

| | |
|--------------------------------------------------------|----------------|
| BUSINESS NAME: | TELEPHONE #: |
| BUSINESS ADDRESS: | |
| BUSINESS OWNER: | |
| ARE YOU A CHAMBER MEMBER? | WHICH CHAMBER? |
| HOW DID YOU BECOME AWARE OF THIS PROGRAM? | |
| IN WHAT CAPACITY DO YOU KNOW THE APPLICANT? | |
| ARE YOU WILLING TO PAY 25% OF THE SCHOLARSHIP REQUEST? | |
| SPONSOR'S SIGNATURE: | |

EMPLOYER'S QUESTIONNAIRE

(Complete Employer's Questionnaire even if employer is not funding the 25%)

| | |
|------------------------------------------------------------------|----------------|
| BUSINESS NAME: | TELEPHONE #: |
| BUSINESS ADDRESS: | |
| BUSINESS OWNER: | |
| BUSINESS FEDERAL ID#: | |
| ARE YOU A CHAMBER MEMBER? | WHICH CHAMBER? |
| HOW DID YOU BECOME AWARE OF THIS PROGRAM? | |
| IN WHAT CAPACITY DO YOU KNOW THE APPLICANT? | |
| WHAT IS THE APPLICANT'S TITLE/POSITION? | |
| WHAT IS THE APPLICANT'S LENGTH OF EMPLOYMENT WITH YOUR BUSINESS? | |
| ARE YOU WILLING TO PAY 25% OF THE SCHOLARSHIP REQUEST? | |
| EMPLOYER'S SIGNATURE: | |