



# 2018 The CCSSM Belva Roberts Leadership Scholarship

Belva Roberts served on the Board of Directors of the Consumers Cooperative Society of Santa Monica (CCSSM) from 1991 until her death in 2016. During her career, Belva was an avid supporter of the cooperative movement, and was active in her community and in legislative advocacy. Providing scholarships to help students further their college education was a source of great pride for Belva, and she truly enjoyed meeting and congratulating each of the students who earned a scholarship from CCSSM.

CCSSM was formed in 1936 by a small group of individuals who worked together to enhance the lives of members and the community. Now more than 30,000 members strong, the Co-Op is dedicated to supporting education, financial literacy, and community service. Applications are now being accepted for the 2018 scholarship, to help unlock a brighter future for a deserving and dedicated student, who is interested in leadership and government and/or student relations.

## **ELIGIBILITY:**

- Applicants must be 24 years of age or younger at time of application
- High school senior applying for, or already accepted as, a full-time student at an accredited college or university, OR full-time student currently attending an accredited college or university
- Preference will be given to students with demonstrated financial need and an interest in leadership and government relations and/or student relations.

## **APPLICATION AND SUPPORTING DOCUMENTS:**

Complete application and return with:

1. School transcript showing cumulative grade point average to the most recent semester
2. Copies of SAT or equivalent college/university entrance exam scores
3. Two letters of recommendation: one from your community service organization, and one from your school
4. Copy of parent's or legal guardian's most recent federal income tax return
5. Written essay (minimum 1,000 words) addressing the following topic

## **ESSAY TOPIC:**

*What do you consider to be the single most important societal problem? Why?*

## **EVALUATION:**

Applications will be evaluated according to the following criteria:

ESSAY	30%
FINANCIAL NEED	20%
GOVERNMENT RELATIONS/STUDENT RELATIONS	20%
GPA*	15%
COMMUNITY INVOLVEMENT	10%
SAT or equivalent*	5%
<b>TOTAL</b>	<b>100%</b>

*\*Transcripts required*

Proof of enrollment or acceptance at accredited college or university will be required if selected.

## **DEADLINE:**

Completed application and supporting documents must be received by March 3, 2018.

## **SEND COMPLETED APPLICATION PACKAGE TO:**

**The CCSSM Belva Roberts Leadership Scholarship  
Attention: Scholarship Committee CU/78  
1440 Rosecrans Ave.  
Manhattan Beach, CA 90266**

No purchase necessary. Applicant must be 24 years of age or younger at time of application. Selection will be made without regard to applicant's race, color, ethnic origin, religious beliefs, sex, marital status or physical ability. Applications will be scored by a Consumers Cooperative Society of Santa Monica, Inc. (CCSSM) Belva Roberts Leadership Scholarship committee based on GPA, SAT or equivalent, essay (including grammar and content), community involvement, financial need, awards, achievements and extracurricular activities. Transcripts are required. Essay and application must be written in English. Applications must be received by March 3, 2018. CCSSM Scholarship winners will be announced on or around April 30, 2018. Funds will be paid directly to the winners' college/university on or around August 31, 2018. Applicant agrees to accept the decisions of CCSSM as final. Past Scholarship winners and CCSSM's employees, volunteers, and their immediate family members are not eligible. Interested applicants are encouraged to apply for all scholarships; however, only one scholarship per applicant will be awarded. CCSSM and each of its officers, directors, employees, members, and representatives will in no way be responsible for claims of damages or losses of any kind including direct, indirect, incidental, consequential or punitive damages arising out of applicant's participation in the Scholarship program, nor any damages arising from accessing or downloading from and/or printing material downloaded from the website. Each winner agrees to permit CCSSM to use his/her name and likeness in promotional and other marketing materials, without additional compensation or permission, except where prohibited by law. Applicant also agrees to hold CCSSM, its subsidiaries, and each of its officers, directors, employees, members, representatives and agents harmless from any liability arising from applicant's participation in the Scholarship Program. If applicant is a minor, consent must be agreed to in writing by a parent or legal guardian. CCSSM is not responsible for stolen, lost, late, misdirected, damaged, incomplete, illegible or postage-due applications. CCSSM reserves the right to disqualify applicants who make any misrepresentations on their application or supporting documents. All applications and supporting documents will be kept confidential, become property of CCSSM and will not be returned.



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18235-12/17

LAST NAME	FIRST	MIDDLE	PHONE NO. ( )
STREET ADDRESS	CITY, STATE	ZIP	EMAIL
			BIRTH DATE

HIGH SCHOOL (if currently attending)	PRINCIPAL'S NAME	PHONE NO. ( )
STREET ADDRESS	CITY	STATE
		ZIP
MAJOR	GRADUATION DATE	SAT OR EQUIVALENT
CUMULATIVE GRADE POINT AVERAGE		

PARENT OR GUARDIAN	PHONE NO. ( )	EMAIL
STREET ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY	STATE
		ZIP

## GOVERNMENT RELATIONS

May attach information on additional sheets.

DATE FROM	DATE TO	PARTICIPATION HOURS PER WEEK IF APPLICABLE	DESCRIPTION OF INVOLVEMENT

## STUDENT RELATIONS

May attach information on additional sheets.

DATE FROM	DATE TO	PARTICIPATION HOURS PER WEEK IF APPLICABLE	DESCRIPTION OF INVOLVEMENT

## COMMUNITY INVOLVEMENT

May attach information on additional sheets.

DATE FROM	DATE TO	PARTICIPATION HOURS PER WEEK IF APPLICABLE	DESCRIPTION OF INVOLVEMENT

I understand that past Scholarship winners and CCSSM's employees, volunteers, and their immediate family members are not eligible.

SIGNATURE

UNIVERSITY OR COLLEGE YOU PLAN TO ATTEND OR ARE CURRENTLY ATTENDING

IF CURRENTLY ATTENDING, WHAT YEAR? (1, 2, 3, or 4)	MAJOR	START DATE	ACCEPTED? YES NO
STREET ADDRESS	CITY	STATE	ZIP

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE	DATE
SIGNATURE	



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## INCOME STATEMENT

Total income as reported on parent's federal income tax return:	\$
Total number of exemptions claimed on tax return:	
Number of adults in family:	
Number of <b>dependent children</b> in family:	
Number of dependent children who will attend college in the Fall:	
If both parents reside at the same address, do they both work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated annual college costs (tuition, room and board, etc.):	\$

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE:  
APPLICANT SIGNATURE OR PARENT/GUARDIAN SIGNATURE (if applicant is under the age of 18)

DATE