

CIOMA | MEMORIAL SCHOLARSHIP FUND

History of the Fund

The CIOMA Memorial Scholarship Fund was originally established with memorial contributions made by industry friends in memory of Ron Ahlport, Fred Bertetta Sr., and Jim Divine (CIOMA's first Executive Vice President). This fund was created specifically to encourage and directly benefit students from within our industry. Today, the CMSF provides scholarship awards to deserving employees and children of our organization's members and staff.

In an effort to better align with our members and those we serve, we've changed our name from CIOMA (the *California Independent Oil Marketers Association*) to CFCA, the *California Fuels & Convenience Alliance*. CFCA has come to not only represent the independent marketers of fuels, but all of California's gas stations, convenience stores, and service stations. Our members have been the pioneers in fueling and transportation technologies and we're proud to continue representing the small, family- and minority-owned businesses that keep California moving forward.

About the Program

The California Fuels and Convenience Alliance (CFCA) has long supported the principles of educational opportunity, hard work, and community involvement. To further these principles and to assist eligible employees and children of our industry, the CIOMA Memorial Scholarship Fund (the Fund) was established as a Nonprofit California Corporation and approved by the Internal Revenue Service as a 501(c)(3) Tax Exempt Organization. Contributions to the Fund are tax deductible to the extent they satisfy state and federal tax law requirements. The Fund is publicly supported by generous contributions from CFCA members, their communities, and those who share an interest or affiliation with the fuels and convenience industry. Scholarships are awarded to students that will be attending college or vocational programs at any accredited postsecondary institution.

Eligibility

Applicants must be:

- A CFCA member, CFCA staff, or a dependent of a CFCA member or CFCA staff. The CFCA member must be in good standing for a minimum of one year as of the application deadline. The Applicant (or applicant's parent) must be employed by a CFCA member or CFCA for a minimum of one year as of the application deadline.
- High school seniors or graduates and college undergraduates who are enrolled or will be enrolled in a full-time undergraduate course of study at an accredited public or private two or four-year college, university, or vocational/technical school.

Awards

A limited number of scholarships will be awarded each June to selected students. Awards are not automatically renewable. Recipients, however, may reapply to the program each year they meet eligibility requirements. The awards will be granted without regard to race, color, religion, sex, disability, or national origin.

Application

Interested students must complete the CMSF application and mail it along with a current transcript of grades and self portrait to CFCA, postmarked no later than June 30th. Applicants are responsible for gathering and submitting all necessary information supplied. It is important to answer all questions as completely as possible. All information received is considered confidential and is reviewed only by the Fund's Scholarship Committee and Board of Directors.

Selection of Recipients

Scholarship recipients are selected after thorough review of academic accomplishments, outside activities showing leadership and community involvement, the applicant's statement of educational and career goals, the evaluation by a teacher, counselor, or supervisor, and economic need. Scholarship recipients will be notified of their award in June.

Payment of Scholarships

Checks will be mailed to each recipient's home address with proof of registration.

Revisions

CFCA reserves the right to review the terms and conditions of this scholarship program and to make changes at any time including termination of the program. Previously approved scholarship awards will not be affected by subsequent changes in the program.

APPLICATIONS MUST BE POSTMARKED BY JUNE 30th.

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APPLICATION

Please type or print all information except for signatures. Attach additional pages if more space is needed.

Applicant Information

| | | |
|------------------------------------|------------|----------------|
| Last Name | First Name | Middle Initial |
| Home Address | | Apt. # |
| City | State | Zip Code |
| Date of Birth (Month / Day / Year) | Phone | Email Address |

Employee Parent or Guardian Information

| | | |
|---------------------------|--|----------------|
| Last Name | First Name | Middle Initial |
| Job Title | | Department |
| CFCA Member Company | City | State |
| Hire Date | Work Phone | Email Address |
| Relationship to Applicant | The applicant is a dependent of the employee: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

High School Information

| | |
|-------------|--------------------------------|
| School Name | Graduation Date (Month / Year) |
| City | State Phone |

Post Secondary School Information

Name of post-secondary school you will be attending. If unknown, please list in order of preference the schools to which you have applied. Use official school names.

| | | |
|---|------|--|
| School Name | City | State |
| School Name | City | State |
| <input type="checkbox"/> 4 Yr. College or University | | Year in post-secondary program next school year: |
| <input type="checkbox"/> 2 Yr. Community or Junior College | | 1 2 3 4 |
| <input type="checkbox"/> Vocational / Technical <input type="checkbox"/> Other, explain | | |

Major Course of Study _____ Anticipated Date of Graduation _____ Month _____ Year _____

Student will: Live on campus Live off campus Commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Applicant Checklist

Initial next to each item in the checklist below as all items are needed for your application. Failure to turn in all components may result in disqualification.

- | | |
|--|--|
| <input type="checkbox"/> Application and Checklist Page | <input type="checkbox"/> Financial or Hardship Circumstances |
| <input type="checkbox"/> Academic and Career Accomplishments | <input type="checkbox"/> Teacher / Counselor / Supervisor Evaluation |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Statement of Certification and Signature Page |
| <input type="checkbox"/> Leadership and Community Activities | |
| <input type="checkbox"/> Education and Career Goals | |

| | | | | |
|--------------------------|---------------|----------------------|-------------|--------------------|
| FOR CFCA USE ONLY | CFCA Member # | Qualification Essays | Transcripts | Teacher Evaluation |
| | | | | |

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Please fill out the sections below. Attach additional pages if more space is needed.

**Academic
Accomplishments**

Describe your academic and career accomplishments. Provide information on awards, certificates, and special recognitions. Use additional pages as needed and attach transcripts.

**Activities,
Awards, and
Honors**

Describe your leadership accomplishments including all school activities and community involvements highlighting all special awards, honors, and offices. Use additional pages as needed.

Future Goals

Describe your educational and career goals. Use additional pages as needed.

Economic Need

Describe any economic needs or financial hardships that should be considered.

**APPLICANT
NAME**

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Please fill out the sections below. Attach additional pages if more space is needed.

Teacher / Counselor / Supervisor Evaluation

You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

| | | | | |
|--|--|---|---|--|
| The applicant's choice of a post-secondary education program is | <input type="checkbox"/> extremely appropriate | <input type="checkbox"/> very appropriate | <input type="checkbox"/> moderately appropriate | <input type="checkbox"/> inappropriate |
| The applicant's achievements reflect his/her ability | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's ability to set realistic and attainable goals is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The quality of the applicant's commitment to school and community is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant is able to seek, find, and use learning resources | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates curiosity and initiative | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's respect for self and others is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |

Comments

Evaluator's Name

Title

Phone

Signature

Date

Business Address

City

State

Zip Code

**APPLICANT
NAME**

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Mailing Information

Please mail the application along with all additional materials as listed on this application to the following address:

CIOMA Memorial Scholarship Fund
2520 Venture Oaks Way, Suite 100
Sacramento, CA 95833

Faxed or emailed applications will not be accepted.

The student is responsible for submitting all materials to CFCA on time.
Postmark Deadline June 30th

Additional Information

Questions regarding the Fund and its scholarship program should be addressed to:

CIOMA Memorial Scholarship Fund
2520 Venture Oaks Way, Suite 100
Sacramento, CA 95833

You may also contact Amber Palmer at 916.646.5999 or palmer@cfca.energy

Selection of Recipients

The CIOMA Scholarship Committee has the sole responsibility for selecting recipients, basing the decision on criteria as set forth in this Program's Brochure and Application. Decisions of the Committee are final.

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to supply proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of CFCA.

Applicant's Signature

Date

Employee's Signature (if different)

Date



California Fuels & Convenience Alliance

2520 Venture Oaks Way, Suite 100
Sacramento, CA 95833
916.646.5999
Fax 916.646.5985
www.cioma.com

**APPLICANT
NAME**