



Ontario-Montclair Teachers Association Retiring Educators Scholarship Announcement

Purpose: In honor of our retiring educators, OMTA is awarding a scholarship to a person who intends to **seek a career in education**, who is:

1. A deserving student who attended school in the Ontario-Montclair School District, OR
2. An employee of the district or Ontario-Montclair Teachers Association, OR
3. A dependent of an employee of the Ontario-Montclair School District or Ontario-Montclair Teachers Association.

Amount of scholarship: Minimum of \$500.00

How to apply:

1. There are three ways to obtain the application forms.
 - a. Phone the OMTA Office Manager at 909 986-2414.
 - b. Pick it up at the OMTA office at:
417 West "E" Street, Ontario, CA 91762
 - c. Download it from our website at **www.myomta.org**.
2. Deadline for submitting completed applications and **all** supporting documents to the OMTA office – **Friday, March 20, 2026 by 5:00p.m.**
 - a. Request that two persons, other than relatives, complete recommendation forms for you. The required forms are attached to the application.
 - b. Request a transcript for all high school and/or college work to be sent to the Ontario-Montclair Teachers Association Retiring Educators Scholarship Committee, c/o OMTA office on or before **Friday, March 20, 2026**.
3. A personal interview *may* be required.
4. All materials submitted will be kept confidential and become the property of the Association.

Announcement of Scholarship

The scholarship will be awarded at OMTA's Retirement Dinner on Friday, May 1, 2026 at the DoubleTree by Hilton Ontario Airport. The recipient(s) will receive a complimentary ticket to attend this event.

Additional Information

Contact the OMTA office at (909) 986-2414 if you have any questions or wish additional information.

Ontario-Montclair Teachers Association
417 West "E" St
Ontario, CA 91762

**Ontario-Montclair Teachers Association/CTA/NEA
Retiring Educators Scholarship
Application**

1. Name: _____ Phone: _____
2. Address: _____
City: _____ Zip: _____
3. Age: _____ Year in School: _____
4. School Attending: _____
5. Qualification for Scholarship: ___ Attended Ontario-Montclair elementary or middle school. Which school(s): _____
or, what position does parent or self hold in Ontario-Montclair School District?

6. College(s) applied to and/or accepted: _____

7. College you are attending or plan to attend: _____

8. Career Goal: (e.g. teacher, SLP) _____
9. College major _____
For what area in education are you planning to prepare? _____

10. Why do you want to be an educator or service provider? _____

11. Work or volunteer experience: _____

12. Indicate below extra curricular activities in which you have participated in high school/college. List offices or responsibilities under each.
 - a. Student Government: (Include A.S.B., Class, Council, etc.): _____

b. Club member: _____

c. Participation in school programs (band, drill team, drama, etc.): _____

d. Honors received: _____

e. Community activities: _____

f. Special Interests: _____

Recommendations: Applicants must submit two letters of recommendation from non-family members (e.g., teachers, counselors, employers, mentors, or community leaders).

Ontario-Montclair Teachers Association
417 West "E" Street
Ontario, CA 91762
(909) 986-2414

1. _____

2. _____

Signature of Applicant

Date

**Ontario-Montclair Teachers Association/CTA/NEA
Retiring Educators Scholarship
Confidential Recommendation Form**

_____ is applying for the Ontario-Montclair Teachers Association Retiring Educator's Scholarship. You are asked to complete the information requested below in order to assist the Scholarship Committee in determining his/her qualifications. Your recommendation is important and will be kept confidential.

1. How long have you known the applicant and in what capacity? _____

2. How committed do you feel the applicant is toward pursuing a career in education?

3. How strongly would you recommend this applicant for this scholarship? (Check one):
___ Strongly ___ Recommend ___ Recommend with reservation ___ Not recommend

4. Please comment on any qualifications or circumstances which you feel are particularly significant in relation to the applicant and his/her application. (Use reverse side if necessary). _____

Print Name

Signature/Date

Address: Street, City, State, Zip

Mail to: Ontario-Montclair Teachers Association
417 West "E" Street
Ontario, CA 91762

Recommendation forms must be received in-person or by mail at the Ontario-Montclair Teachers Association office no later than **March 20, 2026**. (Postmarked date will not be accepted)

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