



Cabrillo Economic Development Corporation
 Rodney Fernandez Leadership Fund
 2025 Scholarship Application

Application Deadline: April 18th, 2025

Who qualifies?

- Must be a Ventura County resident.
- Household income must be ≤ 80 percent of the Area Median Income (AMI) for Ventura County. (See table below.)
- Must currently be enrolled in and/or continuing college education, in the process of applying to an accredited institution, trade school, or enrolled in an undergraduate or graduate program.

| Household Income Limits | | | | | | |
|-------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | 1 Person Household | 2 Person Household | 3 Person Household | 4 Person Household | 5 Person Household | 6 Person Household |
| Max. Income | \$78,800 | \$90,080 | \$101,360 | \$112,560 | \$121,600 | \$130,640 |

2025 Scholarship Award Amounts

The review panel will determine award amounts. Students attending community colleges, colleges and universities, or vocational schools in all majors are encouraged to apply.

The Cabrillo Economic Development Corporation (CEDC) established the Rodney Fernandez Leadership Fund in 2011 to honor Rodney Fernandez, CEDC’s Founder and Executive Director for 30 years and provide scholarships and mini-grants to Cabrillo residents. The scholarships continue Rodney Fernandez’s legacy of community building by cultivating the leadership capacity of CEDC residents to attain their goals, empower themselves to take action and improve the quality of life in their communities. Scholarships are made available to all residents of Ventura County, however priority will be given to residents of CEDC properties.



To qualify you must include ALL the following items with your application packet:

- One letter of recommendation from an employer, teacher, advisor or coach.
- Complete high school or college transcripts up to the semester in which you are currently enrolled.
- A copy of the letter of acceptance from the college, vocational school, or university you will be attending. If you are a continuing student or currently enrolled, your transcript will satisfy this requirement.
- Personal Information Sheet - p. 4
- Personal Statement (Essay) - see p. 3 for required content
- Privacy Notice and Consent - p. 5
- Proof of annual household income based on W-2 for every working adult in the household **and** 2024 tax returns

Applications must be submitted electronically to:

Scholarships@cabrilloedc.org

For more information or if there's difficulty in submitting the application, please contact us at (805) 659-3791 or Scholarships@cabrilloedc.org

DEADLINE IS ON OR BEFORE **April 18th, 2025**
Late or incomplete applications will not be accepted



PERSONAL STATEMENT

The Scholarship Review Committee would like to know more about you. Please type your responses on a separate sheet of paper and attach it to your completed application. The answer to each question should be at least 500 words and double-spaced.

You are required to answer the following questions:

1. What are your educational and career aspirations, and what motivated you to pursue this particular field? Additionally, have your educational experiences shaped or influenced your goals? If so, please describe how these experiences have impacted your path.
2. How has your current living environment presented both challenges and opportunities in your life? In what ways has your community shaped your educational goals, and how do you envision your education making an impact on your community in the future?
3. Share an influential person who has inspired you to pursue your education. How did their actions, words, or example motivate you to continue your academic journey?
4. Rodney Fernandez exhibited courage and commitment to public service. Upon graduation, how will you use your education to advance Rodney's legacy?



PERSONAL INFORMATION SHEET

| | | |
|------------|-------------|-----------------|
| Last Name: | First Name: | Middle Initial: |
|------------|-------------|-----------------|

| | |
|----------------|------------------------------|
| Email Address: | Phone Number: (xxx-xxx-xxxx) |
|----------------|------------------------------|

| | |
|-----------------|-----------------------|
| Street Address: | City, State, Zip Code |
|-----------------|-----------------------|

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|---|
| Name of CEDC Housing Community (if applicable): |
|---|

| | |
|----------------------------|---|
| Date of Birth (mm/dd/yyyy) | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> |
|----------------------------|---|

| | |
|---|--|
| Race: African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native America/Indigenous <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Please specify if not listed: | Ethnicity: Hispanic or Latinx <input type="checkbox"/> |
|---|--|

| |
|--|
| Name of High School and Graduation Year: |
|--|

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|---|
| Name of College, University, or Trade School: |
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|---|
| Degree or Certificate you are pursuing: |
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|---------------------------------------|
| Parent(s) or Legal Guardian(s) Names: |
|---------------------------------------|



IMPORTANT PRIVACY NOTICE FOR APPLICANTS

As a condition of application and part of the selection process, the information in your application will be shared with the Scholarship Review Committee. Please sign in the space below granting Cabrillo Economic Development Corporation (CEDC) consent to share the information in your application with the Scholarship Review Committee, on the CEDC website, CEDC social media and in CEDC promotional materials.

YOUR CONSENT

By signing this document below, you hereby grant permission to CEDC to share and disclose personal information provided in your application with the members of our Scholarship Review Committee and Edison International. You also agree to have your name and photo used in CEDC promotional materials. **If the applicant is under 18 years of age, both the applicant and parent/legal guardian must sign this form.**

Your consent will remain in effect until revoked or modified by you. You may revoke your consent at any time by providing CEDC with written notice of your intent to revoke this consent. CEDC will maintain this document or a true and correct copy. You are entitled to a copy of this document upon request and may want to keep a copy of this document for your records.

Please note: You must sign this consent to be considered for this scholarship.

| | | |
|--------------------|----------------------------------|---------------------------------|
| Date: (mm/dd/yyyy) | Print Applicant Name | Applicant Signature |
| Date: (mm/dd/yyyy) | Print Parent/Legal Guardian Name | Parent/Legal Guardian Signature |
| Date: (mm/dd/yyyy) | Print Parent/Legal Guardian Name | Parent/Legal Guardian Signature |