

# CIADA SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Affiliated with CIADA Dealer Member/Dealership Name: \_\_\_\_\_

Relationship to Dealer: \_\_\_\_\_ (Child, Grandchild, Spouse)

High School Attended \_\_\_\_\_

High School Address \_\_\_\_\_

Attended from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_; Graduation Date \_\_\_\_\_

School Activities, Honors \_\_\_\_\_

Other Activities, Interest and Accomplishments \_\_\_\_\_

Schools to which you have applied to, will apply to or are attending \_\_\_\_\_

CIADA Sponsor Name (recommended by) \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Sponsor's Statement Supporting Nominee \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send application, school transcript, SAT or other entrance test results, and three letters of recommendation to:  
CIADA, Post Office Box 1088, Harrisburg, NC 28075. For more information call 1-800-432-4232; or fax 1-800-992-4232  
(Attach additional sheets as necessary)

**Must be post marked by March 15<sup>th</sup>**