To Scholarship Applicants:

Thank you for showing interest in the Alabama Tire Dealers Association Scholarship Program. Please complete and return the *ENTIRE* application by March 31, 2018. Partially completed applications <u>will not</u> be considered. While each category is important to the Scholarship Committee's decision process, priority will be given to those students with a stronger financial need.



The ATDA congratulates you on the decision to further your education. It is our hope that each of you will see your dreams fulfilled.

Mail completed applications to: ATDA 6096 County Road 434, Trinity, AL 35673 For questions, contact the ATDA office at: 256-616-3587.



Scholarship Application PART I

Confidential Student Application

This form is to be completed by the student. This completed form and the Confidential Parent Information (Part II) form must be received in the ATDA office by **March 31, 2018.** Mail to: ATDA, 6096 County Road 434, Trinity, AL 35673.

Applicant Name			Age	
Address		Da	aytime Phone #	
City	State Zip	E-	Mail	
High School / College	ge Currently Attending (Circ	cle One)		
Address	Cit	у	State	Zip
List of School Activ	ities (Attach additional sheet if	needed)		
	Activities (Attach additional s			
Employment While	Attending School:			
Company		Supervisor		
Address			Phone #	
Gross Annual Incom	e (as of December 31, last year)		Full Time / P	art Time (Circle one)
Do you plan to work	as you continue your educa	ation? Yes		No
		Full	Time	Part Time



Scholarship Application PART I - *Continued*Confidential Student Application

List of colleges/schools applied to:		Accepted a	t this time?
1		Yes	No
2		Yes	No
3		Yes	_ No
Scholarships Applied For:	Received:		
1	Yes	No	Unknown
2	Yes	No	Unknown
3	Yes	No	Unknown
4	Yes	No	Unknown
How do you plan to finance your education?			

ESSAY

Why do you think a college education is important and how will it affect your future? (Limit 200 words or less.) Use any blank paper for this purpose. (Neatly handwritten, printed or typed.)



Scholarship Application PART II

Confidential Parent Information

This form is to be completed by the parent/legal guardian. This completed form and the Confidential Student Information (Part I) form must be received in the ATDA office by **March 31, 2018.** Mail to: ATDA, 6096 County Road 434, Trinity, AL 35673.

Name of Applicant	School A	tending		
Father / Legal Guardian		Daytime Pho	ne #	
Address	_ City		_ State	_ Zip
Employer		Phone #		
Address	_ City		State	Zip
Mother / Legal Guardian	Daytime Phone #			
Address	_ City		State	Zip
Employer		Phone #		
Address	_ City		State	Zip
Number of Dependent Children:	-			
Parents' Gross Annual Income as of December 3	31, last yea	r (applicable i	f applicant	was a
dependent.)				
Are funds available to finance education? Yes_	N	o Aı	nount	
The school named above has my approval to pro for the applicant.	ovide behav	vioral/scholast	ic record ir	nformation
Signed(Parent or Legal Guardian)	I	Date		

Note: Other factors being equal among applicants, financial need will be considered as one criteria in the selection process.



Scholarship Application PART II - *Continued*Confidential Parent Information

This form is to be completed by the parent/legal guardian. This completed form should be provided to the school along with Parts III and IV to be completed by a school official.

Applicant's Name	
School	
The school named above h	nas my approval to provide behavioral / scholastic record information
for the applicant.	
Parent / Guardian's Name	
Signed	Date



Scholarship Application PART III

Confidential School Information

This form is to be completed by officials of applicant's high school or college. This completed form, the Confidential Student Information (Part IV) form, and official transcript must be received in the ATDA office by **March 31, 2017.** Mail to: ATDA, 6096 County Road 434, Trinity, AL 35673.

Student's Name	
High School / College	Phone #
Date Entered School	Was / Will graduate
Describe course pursued by applica	ant at your school:
	ACT
	, date taken, percentile score, etc.)
	Cumulative GPA Weighted GPA
Most recent class rank	in a class of from to
The student named hereon is hereby	y recommended to receive the ATDA scholarship.
Printed Name	Title
Signed	Date
If this student is awarded a scholars	ship, may we present it at your school's Awards Day?
Date of Awards Day	Time



Scholarship Application PART IV

Confidential Counselor Summary

This form, along with the Confidential School Information (Part III) form and Official Transcript, is to be completed by the principal, guidance counselor, teacher or other school official with the most personal contact with the applicant. It must be received in the ATDA office by **March 31, 2018.** Mail to: ATDA, 6096 County Road 434, Trinity, AL 35673.

Name of applicant	School	
	Applicant Evaluation Summar	ry
Leadership influence	Personality	Academic promise
strong	exceptional	excellent
average	pleasing	good
weak	neutral	average
negligible	displeasing	poor
Personal responsibility	Contribution to school	Contribution to community
accepts fully	exceptional	superior
partially accepts	above average	good
sometimes refuses	average	average
usually refuses	negligible	poor
Personal initiative	Integrity	Emotional stability
self-starter	exceptional	superior
responds to prodding	above average	good
needs to be pushed	average	average
negligible	questionable	poor
Describe the major strengths an	d weaknesses:	
Will this applicant be eligible fo	r other scholarships? Yes	No
Do you feel the applicant honest	ly needs this scholarship? Yes	No Don't know
Additional comments: Please gi personal qualifications and poter		DID evaluation of this applicant's ion may be used.
Printed Name	Titl	le
Signature	Date	Phone #