



ALABAMA TIRE DEALERS ASSOCIATION  
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, 2009**. Mail to: ATDA, 6096 County Road 434, Trinity, AL 35673.

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School / College Currently Attending (Circle One) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List of School Activities (Attach additional sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of Community Activities (Attach additional sheet if needed) \_\_\_\_\_  
\_\_\_\_\_

Employment While Attending School:

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Gross Annual Income (as of December 31, last year) \_\_\_\_\_ Full Time / Part Time (Circle one)

Do you plan to work as you continue your education? Yes \_\_\_\_\_ No \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_



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PART I - *Continued*  
Confidential Student Application

List of colleges/schools applied to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Accepted at this time?

- Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

Scholarships Applied For:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Received:

- Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_  
Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_  
Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_  
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.)



ALABAMA TIRE DEALERS ASSOCIATION  
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, 2009**. Mail to: ATDA, 6096 County Road 434, Trinity, AL 35673.

Name of Applicant \_\_\_\_\_ School Attending \_\_\_\_\_

Father / Legal Guardian \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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 31, last year (applicable if applicant was a dependent.) \_\_\_\_\_

Are funds available to finance education? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_

The school named above has my approval to provide behavioral/scholastic record information for the applicant.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

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



ALABAMA TIRE DEALERS ASSOCIATION  
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 has my approval to provide behavioral / scholastic record information for the applicant.

Parent / Guardian's Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



ALABAMA TIRE DEALERS ASSOCIATION  
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, 2009**. Mail to: ATDA, 6096 County Road 434, Trinity, AL 35673.

Student's Name \_\_\_\_\_

High School / College \_\_\_\_\_ Phone # \_\_\_\_\_

Date Entered School \_\_\_\_\_ Was / Will graduate \_\_\_\_\_

Other secondary schools with dates \_\_\_\_\_

Describe course pursued by applicant at your school: \_\_\_\_\_

Candidate Test Scores: SAT \_\_\_\_\_ ACT \_\_\_\_\_

Other test(s) (please give test name, date taken, percentile score, etc.) \_\_\_\_\_

Applicant's High School / College Cumulative GPA \_\_\_\_\_ Weighted GPA \_\_\_\_\_

Most recent class rank \_\_\_\_\_ in a class of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

The student named hereon is hereby recommended to receive the ATDA scholarship.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

If this student is awarded a scholarship, may we present it at your school's Awards Day? \_\_\_\_\_

Date of Awards Day \_\_\_\_\_ Time \_\_\_\_\_



ALABAMA TIRE DEALERS ASSOCIATION  
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, 2009**. Mail to: ATDA, 6096 County Road 434, Trinity, AL 35673.

Name of applicant \_\_\_\_\_ School \_\_\_\_\_

Applicant Evaluation Summary

Leadership influence  
 strong  
 average  
 weak  
 negligible

Personality  
 exceptional  
 pleasing  
 neutral  
 displeasing

Academic promise  
 excellent  
 good  
 average  
 poor

Personal responsibility  
 accepts fully  
 partially accepts  
 sometimes refuses  
 usually refuses

Contribution to school  
 exceptional  
 above average  
 average  
 negligible

Contribution to community  
 superior  
 good  
 average  
 poor

Personal initiative  
 self-starter  
 responds to prodding  
 needs to be pushed  
 negligible

Integrity  
 exceptional  
 above average  
 average  
 questionable

Emotional stability  
 superior  
 good  
 average  
 poor

Describe the major strengths and weaknesses: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Will this applicant be eligible for other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you feel the applicant honestly needs this scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

Additional comments: Please give us your FRANK and CANDID evaluation of this applicant's personal qualifications and potential. A letter of recommendation may be used.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_