

Georgia Tire Dealers & Retreaders Foundation, Inc.

PO Box 801378 Acworth, GA 30101 770-947-2323

SCHOLARSHIP APPLICATION Submission Deadline is Friday, April 12, 2024

Complete the information below to be eligible for consideration for a scholastic award of financial assistance to be awarded in May, 2024. The scholarship award will be in the form of a letter notification to the winner. Disbursement will be made to the institution specified in this application in accordance with the procedures of the Foundation. This application must be accompanied by written confirmation of your admission, on institutional letterhead, from the school at which this award will be utilized. All information must be sent to the GTDRA FOUNDATION at the address shown above. READ CAREFULLY THE "ELIGIBILITY REQUIREMENTS" AND THE "TERMS, CONDITIONS AND DISBURSEMENT OF AWARDS" which accompany this application assembly.

A panel of licensed educators will select the winners from the eligible applicants. The panel's decision may be arbitrary and will be final. To be considered, a completed application must reach the Foundation office by the close of business on the date specified in the program announcement. Winners will be notified as soon as possible thereafter.

PLEASE PRINT OR TYPE, UNLESS OTHERWISE DIRECTED:

Name: _____ Date of Birth _____

Address: _____
(street) (phone)

(city) (state) (zip)

Marital Status: _____ First Application(); Repeat Applicant()

Educational Status Now: () High School Senior _____
() College _____
() Technical Institute _____

Other: _____
(Describe status)

NAME OF INSTITUTION AT WHICH THIS AWARD WILL BE USED (**INCLUDE PHONE NUMBER OF REGISTRAR OR ADMISSIONS OFFICE**). **Enclose copy of your acceptance letter from this institution.**

(INSTITUTION NAME)

(PHONE NUMBER)

The applicant information in the section below should be completed and signed by an appropriate high school official. This information must be accompanied by a documented high school record, preferably with the school seal.

Current/Last School: _____

Address: _____
(street) (phone)

(city) (state) (zip)

Cumulative grade point average & scale, if not 4.0: _____; Course of study _____

Best scholastic achievement test: SAT / ACT scores: Verbal: _____ Math: _____ CPE: _____ Asset: _____

School Official: _____
(Signature) (Title)

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If you are still a dependent, the information in the section below should be completed and signed by a parent or guardian.

Father's Name: _____ Father's Employer: _____

Mother's Name: _____ Mother's Employer: _____

Parents combined gross annual income: (please check the appropriate range in thousands)

- () \$0 - \$10 () \$10 - \$20 () \$15 - \$20 () \$20 - \$25 () \$25 - \$30
 () \$30 - \$35 () \$35 - \$40 () \$40 - \$45 () \$45 - \$50 () \$50 - \$55
 () \$55 - \$60 () \$60 - \$65 () \$65 - \$70 () \$70 - \$75 () \$75 - \$80
 () \$80 - \$85 () \$85 - \$90 () \$90 - \$95 () \$95 - \$100 () \$100 +

Father and Mother living together? _____yes _____no

Please list other sibling dependents and their ages:

Signature: _____
 (parent or guardian)

List any honors or awards you have received in the last four years. Please list in descending order of significance. You may include up to four awards.

Name	Date	Description
1.		
2.		
3.		
4.		

List any programs or activities you have participated in either at your school or within your community (such as clubs, sports, debate, student government, etc.). You may list up to four programs or activities.

Activity	Dates Participated	Description/Office Held
1.		
2.		
3.		
4.		

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How will this scholarship help you reach these goals?

Describe a leadership experience in which you made a difference in your school or community?

What additional information (not already addressed) do you wish to share with the Georgia Tire Dealers & Retreaders Scholarship Committee?

APPLICANT'S SIGNATURE: _____
(Name) (Date)

***EACH SCHOLARSHIP WINNER WILL BE REQUIRED TO SUBMIT A 5 X 7 PHOTOGRAPH.
DO NOT SEND PHOTOGRAPH WITH APPLICATION.***