



## SADA SCHOLARSHIP APPLICATION 2019-2020 ACADEMIC YEAR

The SA Auto Dealers (SADA) will award thirty-five (35) individual scholarships in the amount of \$2,000 each. For an applicant to be considered for a scholarship he or she must be an employee, dependent of an employee or a spouse of an employee currently working for a dealership who is a member in good standing with SADA. Executive level staff members (GSM's and above) and/or their dependents are not eligible. This application must be completed in detail. The applicant must enroll as a Full-Time student (minimum 12 hours) in undergraduate or graduate studies and have a minimum 2.5 cumulative grade point average on a 4.0 scale. If additional space is needed to complete this application, please attach an addendum to this form.

### DIRECTIONS:

- Type or print clearly using blue or black ink.
- Attach the recommendation form that has been completed by the person recommending you.
- Enclose your most recent **OFFICIAL** high school or present college/vocational school transcripts. **Unofficial transcripts will not be accepted.**
- Attach a one-page essay describing your "CAREER GOALS."
- Sign and date this form. **Deadline is April 5, 2019.**
- Return this form and all required information to:

Pamela A. Crail  
SA Auto Dealers Assn.  
16030 Via Shavano  
San Antonio, Texas 78249

Name of Applicant: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Email: \_\_\_\_\_ I am: a dependent of an employee \_\_\_\_\_ an employee \_\_\_\_\_ a spouse \_\_\_\_\_

For the purpose of the application, dependent is defined as any individual of whom the employee has legal guardianship.

If a dependent/spouse:

Name of employee: \_\_\_\_\_

Name of dealership: \_\_\_\_\_

Position at dealership: \_\_\_\_\_

If an employee (Executive level staff members (GSM's and above) are not eligible):

Name of dealership in which you are employed: \_\_\_\_\_

Position at dealership: \_\_\_\_\_

Parent or Guardian's Phone: \_\_\_\_\_

Name, Address and Phone number of High School or College/University/Tech School presently attending:  
\_\_\_\_\_

Status for Fall 2019 Academic Year: \_\_\_\_\_ High school Senior \_\_\_\_\_ College Freshman \_\_\_\_\_

College Sophomore \_\_\_\_\_ College Junior \_\_\_\_\_ College Senior \_\_\_\_\_ Graduate student \_\_\_\_\_

*NOTE: For applicants attending High School, only seniors may apply.*

SA Auto Dealers  
2019-2020 Scholarship Application

College/University or Technical School you plan to attend for the 2019-2020 School Year:

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Address and Phone # of College/University or Technical School for 2019-2020 School Year:

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Your area of study: \_\_\_\_\_

List your honors and activities: \_\_\_\_\_

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List your work experience: \_\_\_\_\_

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By signing this application, I certify that the information presented is true and accurate. I realize that if any of the information stated in this application is found to be false, or if I fail to meet the requirements, I forfeit all monies and claims for scholarship consideration. I also understand that my completed application will not be returned to me. Furthermore, if I should become a recipient of a SADA scholarship, I give my permission for SADA to use my name, the name of the school I plan to attend as well as my photograph or likeness in any promotional materials.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

-----Do Not Write Below This Line-----

SCHOOL \_\_\_\_\_ G.P.A. \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

LETTER: \_\_\_ YES \_\_\_ NO      ESSAY \_\_\_ YES \_\_\_ NO      TRANSCRIPT: \_\_\_\_\_ YES \_\_\_\_\_ NO

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