



SADA SCHOLARSHIP APPLICATION 2022-2023 ACADEMIC YEAR

The SA Auto Dealers (SADA) will award forty-five (45) individual scholarships in the amount of \$1,500 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.

INSTRUCTIONS:

- 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.
- Include one of your favorite pictures of yourself
- Attach a one-page essay describing your "CAREER GOALS."
- Sign and date this form. **Deadline is April 1, 2022.**
- 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 _____

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: _____

SA Auto Dealers
2022-2023 Scholarship Application

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

Status for Fall 2022 Academic Year: _____ High school Senior _____ College Freshman _____

College Sophomore _____ College Junior _____ College Senior _____ Graduate student _____

College/University or Technical School you plan to attend for the 2022-2023 School Year:

Address and Phone # of College/University or Technical School for 2022-2023 School Year:

Your area of study: _____

List your honors and activities: _____

List your work experience: _____

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
