



SCHOLARSHIP APPLICATION

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Parent/Guardian: _____

Affiliated with CIADA Dealer Member/Dealership Name: _____

Relationship to Dealer: _____ (child, grandchild, spouse)

High School Attended: _____

High School Address: _____

Attended from: ___ / ___ / _____ to ___ / ___ / _____ Graduation Date: _____

School Activities, Honors: _____

Other Activities, Interests and Accomplishments: _____

Schools which you have applied to, will apply to or are attending: _____

CIADA Sponsor Name (recommended by): _____

Business Name: _____

Address: _____ Phone Number: _____

Sponsor's Statement Supporting Nominee: _____

Sponsor's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Send application, school transcript, SAT or other entrance test results, and three letters of recommendation to: CIADA, 5643 Harrisburg Industrial Park Drive, Harrisburg, NC 28075. For more information call 1-800-432-4232 or fax 1-800-992-4232 (attach additional sheets as necessary) **Must be submitted by July 1, 2026.**