



Carolina Independent Automobile Dealers Association

SCHOLARSHIP CRITERIA & GUIDELINES

\$2,500.00 CIADA SCHOLARSHIP-----DEADLINE JULY 1, 2024

Normally two scholarships of equal are offered each year. One will be for the State of North Carolina and the other for South Carolina. If a particular state does not have an applicant for the current year's award, the winner/s will be awarded from those qualifying applications received.

1. The CIADA will review and determine the number of scholarships given (if different than described above) and the amount to be awarded each year. The scholarship will be disbursed by CIADA to the school of the recipient's choice.
2. A runner-up will be selected from each state to replace the winner who might decline a scholarship.
3. Applicants must be a child, grandchild or spouse of a CIADA MEMBER DEALER. They must be sponsored (recommended) by a CIADA member in good standing.
4. Applicants must be full-time students enrolling or enrolled in a college, university, business, or trade school. They must submit a CIADA application form, along with their appropriate transcript (high school or college), Scholastic Aptitude Test scores or equivalent test scores, information on special interests and activities, and three letters of recommendation.
5. Applicant forms and information will be provided through CIADA headquarters and its publications. Applicants should return their application to CIADA headquarters, 5643 Harrisburg Ind. Pk. Dr., Harrisburg, NC 28075 which will verify their eligibility and forward the application to the Scholarship Committee.
6. Applications must be submitted by July 1, 2024.
7. Scholarship winner/s will be notified of their selection prior to the CIADA convention held in August, and an announcement of their selection will be made during the convention. The time and place of the announcement shall be determined by the convention program committee



Scholarship Application

Name: _____ Date of Birth: _____

Address: _____ County _____ State _____ Zip _____

Code _____

Student Phone Number: _____ Parent/Guardian: _____

Student Email Address: _____

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 704-455-2117 or fax 704-454-5567 (attach additional sheets as necessary) Must Be Post Marked by July 1, 2024.