

Victor J. & Ethel G. Snyder

MEMORIAL SCHOLARSHIP MASTER TRUST



APPLICATION

PLEASE PRINT CLEARLY

Name of Applicant: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Date of Birth: _____ Male Female

Name of High School: _____

Address of High School: _____

City: _____ St: _____ Zip: _____ Graduation Date: _____

Parent's/Grandparent's Name: _____

Name of Dealership: _____

Dealership Address: _____

City: _____ St: _____ Zip: _____

College/Trade School You Will Attend: _____

2 Year College 4 Year College Number of Units you will Carry: _____

List your major high school, college and extracurricular projects, activities, and accomplishments, including summer camps attended, special courses completed, special skills and talents, sports, music and hobbies (attach additional sheets, if necessary).

ENCLOSE THE FOLLOWING WITH YOUR APPLICATION: 1. A recent photo (black & white, glossy, 3"x5" or larger); 2. The official transcript of your high school and college (if any) academic record; 3. Your CEEB, SAT, or ACT test results; 4. Letters of recommendation (maximum of three) supporting your candidacy for the scholarship; 5. Letter from college or your choice stating your admission application has been accepted or verification of enrollment.

APPLICANT'S STATEMENT: Please use a separate piece of paper to make a statement in support of your nomination for the scholarship, including a discussion of your goals and aspirations.

Signature of Parent/Guardian: _____ Date: _____

Signature of Nominee: _____

Signature of Dealer: _____ Date Dealer Joined IADAC: _____

Dealer License Number: _____

PLEASE SEE ATTACHED RULES

Send completed application and supporting documents to:

IADAC, 1192 JASMINE; CLOVIS, CA 93611

APPLICATION DEADLINE: JULY 31, 2019

TRUSTEES

Don Head Ruth Jones