



# Scholarship Application

CLDA Company Sponsor: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Phone Number

Address: \_\_\_\_\_  
Street City ST ZIP

Email Address: \_\_\_\_\_

Age Date of Birth Sex: M \_\_\_\_\_ F \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Fathers Occupation: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

High School Attending: \_\_\_\_\_ GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

University/Institute/Trade School you plan to attend: \_\_\_\_\_

Address of school you plan to attend: \_\_\_\_\_ Phone: \_\_\_\_\_

Career you plan to pursue: \_\_\_\_\_

Please list any other scholarships you have received and their amounts: \_\_\_\_\_

Honors received and year: \_\_\_\_\_

List involvements in sports and other school activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission for the CLDA to contact my school, if necessary, and to use my name, likeness, and photograph in promotional materials in the event that I am selected to receive a scholarship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICIAL:**

School Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_

Is this student in the current graduating class and meets eligibility requirements? Yes \_\_\_ No \_\_\_

Officials Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_