



GREATER METROPOLITAN AUTOMOBILE DEALERS ASSOCIATION OF MINNESOTA, INC.
200 Lothenbach Avenue, West St. Paul, MN 55118

SCHOLARSHIP APPLICATION

NOTE: At least a "C" High School average is required for consideration of a scholarship.

Name of Applicant: _____

DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Male: Female:

Email: _____

Select one: Dependent of Spouse of Employee (self)

Employee's Name: _____

GMADA Dealership: _____

Employee's Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Father/Mother

Combined Income: \$ _____ Or Employee Income: \$ _____
(Whichever is applicable)

Names/Ages of Brothers and Sisters: _____

Name of High School or College/University/Tech School Presently Attending: _____

Expected Graduation Date: _____

Why do you feel you are deserving of this scholarship? *(Use a separate sheet, limit to one typed page)*

Attach a copy/photocopy of your current high school, college, or trade school transcript to this application.

Applicant Signature: _____ Date: _____

Name of College, University, Vo-Tech or trade school to which the student is applying: _____

NOTE: **Application deadline: Wednesday, September 4, 2019** - The check for \$2,000, for the school year, will be sent directly to the college or technical school stated above. All applicants will be notified by October 16, 2019, on the results of their application. Certificates will be sent to dealerships on November 1, 2019, to the recognize awarded scholarship recipients.

***GMADA Dealership Name and Address:**

