

**GREATER CLEVELAND AUTOMOBILE DEALERS' ASSOCIATION
GENERAL SCHOLARSHIP FUND APPLICATION**

NAME OF APPLICANT: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ SOCIAL SECURITY NUMBER: _____

NAME OF DEALERSHIP EMPLOYEE: _____

EMPLOYEE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

DEALERSHIP NAME: _____

PARENT(S) GROSS INCOME AS STATED ON THEIR 2010 W-2 FORM(S):

FATHER: \$ _____ MOTHER: \$ _____ COMBINED: \$ _____

INCOME FROM CHILD SUPPORT AND/OR ALIMONY: \$ _____

NAME AND AGES OF BROTHERS & SISTERS AND COLLEGE OR HIGH SCHOOL THEY ARE ATTENDING (PLEASE ONLY LIST THOSE SIBLINGS THAT ARE UNDER THE AGE OF 23):

NAME OF HIGH SCHOOL AND/OR COLLEGE PRESENTLY OR WILL BE ATTENDING: _____

EXPECTED DATE OF GRADUATION: _____

WHY DO YOU WANT THIS SCHOLARSHIP? (USE SEPARATE SHEET, LIMIT OF 1 TYPED PAGE)

DATE: _____ SIGNATURE: _____