



FADRA

Florida Auto Dismantlers & Recyclers Association

FADRA Scholarship Application

PLEASE PRINT OR TYPE

SELECTION PROCESS:

ALL CANDIDATES WILL BE REQUIRED TO COMPLETE THIS APPLICATION FORM WHICH IS TO BE SUBMITTED WITH THE APPROPRIATE DOCUMENTATION, **NO LATER THAN May 8, 2017.**

Name: Last, First, Middle

Street Address: City, State, Zip Code

Telephone: _____ **Cell #:** _____

Date of Birth _____ **Sex:** Male/Female (Please circle)

High School Information:

High School Name, City & State

Expected Graduation Date: _____ **Grade Point Average:** _____

Awards & Honors:

Other Activities...(Sports, Clubs, Church Groups, Volunteer, Jobs)

College Information:

College Name, City & State

Anticipated Major: _____

Expected Graduation Date: _____

Have you applied or received any other scholarships? YES NO

Have you submitted an application for Financial Aid? YES NO

Note: Your High School OR your most recent year of College Transcripts, A Personal Essay, and two recommendation letters... One from a Member or Vendor Company you are affiliated with and a personal recommendation letter should accompany your scholarship application.

X

Applicant's Signature

Date

FADRA OFFICE USE ONLY:

Application: Date Received:

Recommendation Forms

Essay

High School or College Transcript

Mail Application to:

FADRA SCHOLARSHIP SELECTION COMMITTEE

FADRA Office, Attn: Kim O'Dell

P.O. Box 770070

Winter Garden, FL 34777

PH: 407.614.8354 • FAX: 407.614.8357

