

ALL APPLICATION MATERIALS MUST BE <u>POSTMARKED BY</u> <u>MARCH 15, 2020</u> AND SENT TO:

ARA Scholarship Advisor 9113 Church St. Manassas, VA 20110 vwhelan99@gmail.com

Scholarship Foundation Application

The ARA Scholarship Foundation was founded in 1963 and is dedicated to those individuals who gave their talent, their time and very often their own finances to ensure the growth and success of the automotive recycling industry. As a result of their vision and efforts, ARA remains focused in the areas of education, business acumen, and most importantly, supporting the automotive recycler in their efforts to provide superior service and exceptional products to the repair industry.

Thank you for your interest in the ARA Scholarship Foundation Award. To file an application, it will be necessary to provide the requested information, along with the enclosed forms as directed. Funding is restricted, therefore only a limited number of scholarships are available. Applicant will be firmly held to the grade point average criteria and deadline as listed.

APPLICANT MUST MEET THE FOLLOWING QUALIFICATIONS:

ARA makes grants for post-high school education to a student who is a high school graduate and a dependent child of a full-time employee of a Direct/Branch licensed recycling facility member of the Automotive Recyclers Association.

- 1. Parent employed at least 1 year, whose business organization (Owner) is a member of the ARA in good standing. Owners, or children of owners, and those owning over \$100,000 of stock in the employing firm are not eligible.
- 2. Be enrolled in a post-high school program at a college, university, or accredited school providing trade, business or technical programs, taking a minimum of 12 credit hours or equivalent of a full-time student.
- 3. College/University applicants have achieved at least a 3.0 grade point average, or the equivalent, in their previous educational program.
 - Accredited Trade, Business or Technical School/Program applicants have achieved at least a 2.0 grade point average, or the equivalent, in their previous educational program.

Previous recipients may reapply annually for a maximum of 3 awards. A renewal application is required.

Please provide the following information with your application to the ARA Scholarship Foundation:

Transcripts of your academic record from high school, college, university or other institution. The transcript must include grades for the preceding fall and spring terms. If the institution does not use a 4.0 grading system, an explanation of the system must accompany the transcript.

- 1. Completed "Application Form" and "Profile Sheet."
- 2. A letter of verification from the ARA member company that the applicant or the parent of the applicant is currently employed and in good standing with his or her employer.
- 3. Parent completed "Certification Form" if you are not an employee.
- 4. Please mail or email all required documentation to the following no later than March 15, 2020.

If selected as a scholarship recipient, you will be notified in writing. Prior to receiving the award, you will be required to submit proof of full-time enrollment in a secondary learning institution, a recent (yearbook type) photo and a brief testimonial to be published on our website or in other publications of our choosing.



Scholarship Foundation Application

XXX - XX -				
Social Security # (last four)			Date	
(Print neatly in ink or type all inform	nation)			
1. Full Name:				
First	Middi	le	Last	
2. Home Address:				
	Number and Street			
City:	State	/Province:	Zip/Postal Code:	
Country:	Telephone:	Email:		
3. Date of Birth:/_	/ 4. Expe	ected Date of Gradua	tion:/	
5. Name and address of Hig other school now attending	ng:			
6. High School GPA:	If taken, list: ACT	Composite Score:_	SAT Score:	
7. List the name and comple	ete address of the college or	school you plan to a	ttend next year.	
College/School:		Address:		
City:	State/Provi	nce:Zip/Postal	Code: Country:	
ARA Direct Member in	1	Owners, or children o	ent who is currently employed by of owners, and those owning over	
Parent Name: First/Last		Em	ail:	
9. Applicant's or Parent's c	eurrent occupation:		Hire Date:	
10. Name of applicant's emp	ployer or applicant's parent	's employer.		
Company Name:		Owner's Name	:	
Address <u>:</u>			City:	
State/Province:	Zip/Postal Code:		Country:	



Scholarship Foundation Application

PROFILE SHEET

PROVIDE COMPLETE RESPONSES BY USING FULL SENTENCES, CORRECT SPELLING, ETC. FOR THE INFORMATION REQUESTED IN THE SPACES BELOW OR ON A SEPARATE SHEET OF PAPER.

(Print neatly in ink or type of	all information)				
1. State briefly what course of study you wish to pursue and what your goals are (reasons for continuing your education and choosing this field.)					
2. State briefly what make?	kind of person you think you	ı are. What self-improvement	s would you like to		
3. How do you evaluate your high school academic record as compared to your ability?					
4. List your high scho	ool activities: Sophomore	Junior	Senior		
Office(s) Held	•				
Music/Art					
Athletics					
Community Activities					
Other					
Part-time Employment					

5. Which of the activities above contributed most to your development? Why?



Scholarship Foundation Application CERTIFICATION

(To be completed by the parent-employee and sent with application)

Print Applicant's Name				
I certify the following to be true and correct:				
(Choose 1) a. The ARA Scholarship applicant named above financial assistance from me.	e is a dependent student who receives			
b. The ARA Scholarship applicant named above is claimed by me individually or jointly as a dependent for federal income tax purposes.				
And, I do not hold over \$100,000 in stock or ownership of the employing firm.				
Signature	Date			
Printed Name	 Email			