



**Deadline**  
**December 13, 2013**

**NOTE: Faxed applications will not be accepted**

# 2014 Automotive Scholarship Application

*(Please print or type)*

Name \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID Number \_\_\_\_\_ for \_\_\_\_\_

High School Attended \_\_\_\_\_ City/State \_\_\_\_\_ Yr Grad. \_\_\_\_\_  
List school name

Where are you planning on attending school \_\_\_\_\_ Start Date \_\_\_\_\_

Please indicate:  I have already enrolled for school  I will enroll for school on \_\_\_\_\_ *(specify date)*

Shirt Size: \_\_\_\_\_ *\*Recipients of the scholarship will receive a VISION Shirt to be worn on Saturday at VISION*

**Beginning with your most recent job, list any work experience you may have had:**

| Dates of Employment | Company Name and Address | Supervisor's Name and Phone Number | Type of Work |
|---------------------|--------------------------|------------------------------------|--------------|
|                     |                          |                                    |              |
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**IMPORTANT!**

***Please answer the questions on the back side of the application. Completed application must be submitted with 1) copy of high school and/or college transcript; and 2) School Reference Form. Mail to ASA-Midwest, 7510 N Palmer Avenue, Kansas City, MO 64158. NOTE: Faxed applications will not be accepted.***

I hereby apply for the scholarships available through the Automotive Service Association of the Midwest. I also hereby authorize my school(s) to release any information about my school record requested by the Automotive Service Association of the Midwest.

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

**Eligibility Requirements:**

1. Applicant must have earned a minimum 2.0 GPA in high school and, if currently enrolled in college or votech, must maintain a 2.0 GPA.
2. Must be currently enrolled in a minimum of 12 credit hours of an automotive technology program at an accredited college or vocational school in the Midwest; OR be a high school senior currently enrolled in a votech automotive program with a plan to register and attend a college automotive technology program in the summer or fall of 2014 in one of the following states: *Arkansas, Iowa, Kansas, Missouri, Nebraska, or Oklahoma*. Prior recipients are eligible to reapply for the scholarship as long as they continue to meet the application criteria.
3. Applicant must submit a copy of his/her transcript, a completed School Reference Form, and this completed application to the ASA-Midwest offices. Faxed applications will not be accepted.
4. Notification of the scholarship award is not final until applicant receives an official letter from the scholarship committee. Scholarships are presented during an Awards Dinner held at the VISION HiTech Training & Expo on March 8, 2014. ([www.visionkc.com](http://www.visionkc.com))
5. An interview with the Scholarship Committee may be required.
6. Questions can be directed to [sheri@asa-midwest.org](mailto:sheri@asa-midwest.org)

Name: \_\_\_\_\_

**Please state your vocational goals. How do you plan on achieving these goals?  
What have you already done to start achieving these goals?**

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**Why are you interested in a career in the automotive service industry?**

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**Please list extracurricular activities, clubs or community service involvement.**

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**Please describe your financial need situation.**

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**Please list any other scholarships received or other corporate-funded education (dealership/manufacture programs, etc).**

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## SCHOOL REFERENCE FORM

### STATEMENT OF INSTRUCTOR, COUNSELOR, PRINCIPAL, OR ADVISOR

Name of Applicant \_\_\_\_\_

School \_\_\_\_\_ Class Rank \_\_\_\_\_

Grade Point Average \_\_\_\_\_

Please check one:

- \_\_\_\_\_ Highly Recommend  
\_\_\_\_\_ Recommend with Reservations  
\_\_\_\_\_ Do Not Recommend This Student

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed by:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please mail to:**

**ASA-Midwest  
7510 N Palmer Avenue  
Kansas City, MO 64158**

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