

**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) OR EMPLOYEE GROSS INCOME AS STATED ON THEIR 2011 W-2 FORM(S):

FATHER: \$ \_\_\_\_\_ MOTHER: \$ \_\_\_\_\_ COMBINED: \$ \_\_\_\_\_

OR

DEALERSHIP EMPLOYEE: \$ \_\_\_\_\_

INCOME FROM CHILD SUPPORT AND/OR ALIMONY, IF ANY: \$ \_\_\_\_\_

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: \_\_\_\_\_