



Iowa Automobile
DEALERS FOUNDATION
for Education

2021 Scholarship Application

Name: _____ Email: _____

Home Address: _____
Street City State Zip

County of Residence: _____ Preferred Phone Number: _____

Name of High School: _____ High School Graduation Year: _____

Name of College You Plan to Attend or are Attending: _____

Anticipated College Graduation Year: _____

GPA: _____ Expected Course of Study in College: _____

Do you have a family member or relative who works for a car or truck dealer? Yes No

If yes, list the relative's name and title, the name of the dealership where they work, and your relationship:

Recommendation from Teacher, Counselor, or Co-Worker: _____

(Attach additional page if needed.)

Name: _____ Company: _____

Email: _____ Phone Number: _____

Relationship to Applicant: _____

In submitting this application, I attest to the accuracy of the information and acknowledge the information is subject to verification by the Iowa Automobile Dealers Foundation for Education.

Applicant's Signature: _____ Date: _____

Send the completed application, along with your letter, unofficial transcript, and a copy of your Electronic Student Aid Report (SAR) by March 1, 2021 to foundation@iada.com or Iowa Automobile Dealers Foundation for Education, 1111 Office Park Road, West Des Moines, Iowa 50265.