



Scholarship Application

CLDA Company Sponsor: _____

Name: _____
Last First Middle

Address: _____
Street City ST ZIP

Age _____ Date of Birth _____ Sex: M _____ F _____

Fathers Name: _____ Fathers Occupation: _____

Mothers Name: _____ Mother's Occupation: _____

High School Attending: _____ GPA _____ SAT _____ ACT _____

University/Institute/Trade School you plan to attend: _____

Address of school you plan to attend: _____ Phone: _____

Career you plan to persue: _____

Please list any other scholarships you have received and their amounts: _____

Honors received and year: _____

List involvements in sports and other school activities: _____

Hobbies: _____

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission for the CLDA to contact my school, if necessary, and to use my name, likeness, and photograph in promotional materials in the event that I am selected to receive a scholarship.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY SCHOOL OFFICIAL:

School Name: _____ Phone Number: _____

School Address: _____

Is this student in the current graduating class and meets eligibility requirements? Yes ___ No ___

Officials Name: _____ Title: _____

Signature: _____ Date: _____