Victor J. & Ethel G. Snyder iadac

MEMORIAL SCHOLARSHIP MASTER TRUST

			Independent Automob	ILE DEALERS
	APPL	ICATIO	N	
PLEASE PRINT CLEARLY				
Name of Applicant:				
Mailing Address:				
			Zip:	
	Date of Birth:			
Name of High School:				
			Graduation Date:	
Parent's/Grandparent's Name:				
			Zip:	
College/Trade School You Will Attend:_				
☐ 2 Year College	e 🔲 4 Ye	ar College Numb	er of Units you will Carry:	
special courses completed, special skills o	ınd talents, sports, mu	sic and hobbies (attac	h additional sheets, if necessary).	<u>—</u>
ranscript of your high school and college	(if any) academic reco	ord; 3. Your CEEB, SAT,	(black & white, glossy, 3"x5" or larger); 2. Tor ACT test results; 4. Letters of recommencege or your choice stating your admission	
APPLICANT'S STATEMENT: Please uscholarship, including a discussion of you			tement in support of your nomination for th	he
Signature of Parent/Guardian:			Date:	
			Dealer Joined IADAC:	
Daglar Licanca Numbar.				

PLEASE SEE ATTACHED RULES.

Send completed application and supporting documents to: IADAC, 1192 JASMINE; CLOVIS, CA 93611

31, 2011 APPLICATION DEADLINE: JULY

-Trustees-

. Jim Mitchell

Don Head