

# STUDEBAKER NATIONAL FOUNDATION

(This scholarship is funded by the Studebaker National Foundation)

1. This scholarship in the amount of \$250 up to \$1,000 will benefit a member of the Studebaker Drivers Club, ASC or AOAI.
2. The applicant must be a member or member's son/daughter/grandson/granddaughter of the Studebakers Drivers Club, ASC or AOAI prior to 3 years of this application as confirmed by the organization's membership secretary.
3. Applicants from previous years may reapply.
4. The scholarship assistance may be used at the accredited school of the recipient's choice.
5. Full and part-time students will be eligible for scholarship assistance.
6. Scholarship applicants must have obtained at least an equivalent of a 2.5 GPA average on a 4.0 scale or equivalent for the year preceding the request for scholarship assistance. (High School transcripts-2.5 on a 4.0 or equivalent.)
7. Recipients must use the scholarship for the present or following school year, The award cannot be deferred.
8. Applicants must submit copies of all their academic transcripts and a teacher letter of recommendation with their applications.
9. Completed applications must be submitted by May 1.
10. The following criteria will be used to select the scholarship recipient: grade point average, letter of recommendation and an evaluation of the answers provided to questions #15 and #16.
11. Proof of enrollment in an accredited college or school may be required after the scholarship has been awarded.
12. All decisions made by the Scholarship Committee regarding scholarship awards are final.
13. The successful candidate will be notified by August 1.
14. Scholarship money will be awarded to the college of choice after the first semester.

Name of the applicant applying for the scholarship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Years active SDC, ASC, and/or AOAI membership \_\_\_\_\_

Name and address of the school at which the scholarship will be used

\_\_\_\_\_

Copy of GPA for the current school year. (Attached)

Teacher Letter of Recommendation. (Attached)

15. Explain in your own words how you will use this scholarship and why you should be the recipient. (Attached)

16. Describe interests. (Attached)

Signature \_\_\_\_\_ Date of application \_\_\_\_\_