



HALL of FAME

SCHOLARSHIP APPLICATION

(Application must be filled out completely)

(Applications will be accepted February 1 – June 30)

Type or Print Clearly

GENERAL INFORMATION

Name:

Home Address:

College Address:

Telephone (Home): _____ (School): _____

Date of Birth: _____ Age: _____ Gender: __ M __ F

Email Address: _____

Are you a U.S. Citizen ____ Yes ____ No

Are you here on a student Visa ____ Yes ____ No

ACADEMIC INFORMATION

Name of college, university or trade school you will be attending:

Complete address of Financial Aid Office at college, university or trade school:

Type of Program: (check one) Associate Bachelor Masters Trade

Current Standing: (check one)

High School: Senior

College: Freshman Sophomore Junior Senior College Graduate

College Hours Completed: _____ Expected Date of College Graduation: _____

Are you a full time student Yes No

Major: _____ Current GPA: _____

(Must be filled in) (High School or College, whichever is applicable)

ESTIMATED EDUCATION EXPENSES PER YEAR

Tuition & Labs: _____ Room & Board: _____

Books: _____ Other: _____

TOTAL ESTIMATED EDUCATION EXPENSES PER YEAR: _____

Where do you plan to live? (check one)

Home On campus Off campus

Do you plan to work during the academic year? (check one)

Yes No

ESTIMATED FINANCIAL ASSISTANCE

What is the student's taxable income for the most recent tax year?

Do you receive Social Security benefits? (check one)

Yes No If so, how much? _____

Do you receive Veteran's educational benefits? (check one)

Yes No If so, how much? _____

Do you receive any other scholarship, grant, fellowship, loan, or financial assistance? (check one) Yes No

If so, what is the total amount of such assistance? _____

DEMONSTRATED FINANCIAL NEED

Will any person other than yourself claim you as an exemption for income tax purposes? Yes No

If yes, combined annual income of such person(s): _____

If yes, will you receive more than \$750 worth of support from such person(s)? Yes No

Number of siblings who will be attending college during the year in which you are applying: _____

CAREER GOALS

On a separate piece of paper, write a brief explanation of your career goals and objectives for the next five years.

ELIGIBILITY

To be eligible for a scholarship from the Automotive Educational Fund you must:

1. Submit a completed application form indicating a sincere interest in an automotive career.
2. Provide an **Official** transcript of all academic work.
3. Submit two letters of recommendation supporting your automotive interests.
4. Submit a letter of acceptance for an associate, bachelor or masters program.
5. Must be accepted at an accredited college, university or trade school within the United States at the time of application (trade school should equal a two-year associate program).
6. Student must be a United States citizen or in the United States on a Student Visa.
7. Must be enrolled full-time.
8. Must have a **3.0 GPA** or higher.

CERTIFICATION

I certify that the information provided is true and complete. I understand that false or incomplete information may result in forfeiture of eligibility or scholarship, if selected.

Signature: _____ Date: _____

Return complete application and supporting material postmarked by June 30, to:

**Automotive Hall of Fame
Scholarship Programs
21400 Oakwood Boulevard
Dearborn, Michigan 48124**