



## SADA Scholarship Form 2026/2027

MARCH 1ST THRU MAY 1ST

### APPLICANT INFORMATION

Name

First

Middle

Last

Address

City

State

ZIP Code

Email

Best Phone (s) To Reach You

Last 4 Digit Social Security #

Date of Birth

MM

DD

YYYY

**Current Institution:**

- High School / Senior in High School? Yes or No
- College
- University
- Tech School
- Other

**Has applicant previously applied for a SADA scholarship?**

- Yes, answer the questions below
- No

**How many times has the applicant applied for a SADA Scholarship?**

**How many times has the applicant been awarded a SADA Scholarship?**

**QUALIFICATION STATUS**

- I am an Employee's Dependent who works at the following dealership:
- I am an Employee at the following dealership:

**Dealership Information (where you work OR your guardian works)**

**Dealership Name**

**Address**

**Address Line 2**

**City**

**State**

**ZIP Code**

**Phone**

**Employee Name (Your Name OR Your Guardian's Name)**

Employee Name

First

Middle

Last

Employee Position

Employee's Relationship to Applicant

**INCOME INFORMATION**

**Did applicant claim themselves on their personal Federal Income Tax for 2024?**

- Yes
- No

**IF YES:** What was your Gross Income as claimed on your Federal Income Tax Return for 2025? **Note:** If applicant is applying for this scholarship and files their own Federal Income Tax return, the income reported must reflect their (combined, if married) gross income on their most recent W-2's submitted with their Federal Tax return.

**IF NO:** What was your Guardian's Combined Gross Income as claimed on their Federal Income Tax Return for 2025? **Note:** If applicant is applying for this scholarship as a dependent and claimed as a dependent on their parent(s) or guardian(s) Federal Income Tax return, the income stated on this scholarship must reflect the gross combined income on their parent(s) or guardian(s) most recent W-2 Form(s) submitted with their Federal Income Tax return.

If you are a Dependent of your Guardian, please complete the following:

### Guardian Information

Name

First

Middle

Last

Address

Street Address

City State ZIP Code

Phone

Is your Guardian a single parent?

- Yes
- No

Will your Guardian have other children enrolled in an institution of higher learning at the same time?

- Yes (how many) \_\_\_\_\_
- No

How many sibling (s)?

Are you a single parent?

- Yes
- No

**NOTICE: COPIES OF TAX RETURN(S) AND W-2 FORM(S) MAY BE REQUIRED UPON SPECIAL REQUEST**

# ADDITIONAL APPLICANT INFORMATION

Did Applicant receive any additional financial assistance for education during 2024?

- Yes
- No

01. Received from

1. Dollar Value of Assistance

Please comment below on any hardship(s). **(If more space is needed use a separate sheet)**

## Current / Last Attended Institution

Institution Name

Address

City

State

ZIP Code

Phone

List your educational honors and activities **(If more space is needed use a separate sheet)**

**List of your work experiences and volunteer activities** (If more space is needed use a separate sheet)

YOU MAY INCLUDE ADDITIONAL COPIES OF AWARDS, MERIT CERTIFICATES, RESUME OF ACCOMPLISHMENTS, OR ANYTHING ELSE YOU FEEL IS BENEFICIAL FOR THE SCHOLARSHIP SELECTION COMMITTEE TO KNOW ABOUT YOU.

## FALL 2026 Institution

**Institution Name**

**Address**

**Street Address**

**Address Line 2**

**City**

**State**

**ZIP Code**

**Phone**

**Planned # of hours per semester**

**FALL 2026**

**SPRING 2027**

**Expected Date of Graduation**

MM

DD

YYYY

**Area of Study**

# SCHOLARSHIP APPLICATION REQUIREMENTS:

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1. Send a **PERSONALLY WRITTEN ESSAY** on either topic listed below:

a. **ARTIFICIAL INTELLIGENCE**

b. **INNOVATIVE SOLUTION TO REDUCE WASTE**

2. **SCHOOL TRANSCRIPT** - Send an **OFFICIAL TRANSCRIPT** to SADA. They must be marked **OFFICIAL TRANSCRIPTS** and mailed directly to SADA in a **SEALED ENVELOPE**.

SADA  
Attn: Pam Crail  
16030 Via Shavano  
San Antonio, TX 78249

3. **RECOMMENDATION LETTER(S):** You can send up to 3 recommendation letters.

○Mail directly to SADA, must arrive no later than May 1st.

By signing the application below, I certify that the information presented on this scholarship application is true and complete. I realize that if any of the information stated in this application is found to be false, or if I fail to meet the requirements, I forfeit all monies and claims for scholarship consideration. I understand that my completed application will not be returned to me. Furthermore, if I should be a recipient of this scholarship, I give my permission for the association to use my name and the name of the college I plan to attend as well as my photograph, if asked, in any promotional materials.

**Acceptance \***

*By agreeing to the terms and conditions of this application sign below.*

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*Signature and Date*

**DOUBLE CHECK ALL DOCUMENTATION BEFORE SUBMITTING!**

**INCOMPLETE PACKETS FROM AN APPLICANT WILL NOT BE CONSIDERED.**