



The SA Auto Dealers (SADA) and its Board of Directors are pleased to announce the SADA Scholarship Program for the 2024-2025 Academic School Year. This year we will be awarding scholarships in the amount of \$1500 on behalf of our SADA Member Dealerships. .

The applicant must be an employee, dependent of an employee or spouse of an employee, a high school senior or presently attending an accredited college, university, or trade school in an undergraduate or graduate program and have a minimum of a 2.5 GPA average on a 4.0 scale.

All applicants who wish to apply for the scholarship must meet the following criteria:

- All Dealership Employees, Dependents & Spouses may apply for the SADA scholarship.
- Tax returns and W-2's may be requested.
- Applicant must enroll as a full-time student (minimum 12 hours).
- Recommendation Letters: applicant may include up to 3 letters with your application.
- Most recent high school or college official transcript must be included.
- Essay Topics will be found at the end of the scholarship application (select one).
- Application must be completed fully
- **Deadline is May 15, 2024.**
- Return all forms and required information to:

Carmen Aguilar
SA Auto Dealers
16030 Via Shavano
San Antonio, Texas 78249
210-732-9647
carmen@saautodealers.com

This program is made possible through your employer's support and membership in the SA Auto Dealers (SADA). Your dealer recognizes the important contribution you and your family make to the dealership. Hopefully, this will help defray some of the costs of higher education.

Should you have any questions, please contact Carmen Aguilar at 210-732-9647. You may also download scholarship forms at SADA's website www.saautodealers.com and click on "SADA Scholarship Program."

Good luck to all the applicants!

Pam Crail
President



SADA Scholarship Form 2024/2025

MARCH 15TH THRU MAY 15TH

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 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 2023?

- Yes
- No

IF YES: What was your Gross Income as claimed on your Federal Income Tax Return for 2023? **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 2023? **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.

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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

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SEND APPLICATION AND ALL DOCUMENTS TO CARMEN AGUILAR carmen@saautodealers.com

ADDITIONAL APPLICANT INFORMATION

Did Applicant receive any additional financial assistance for education during 2023?

- 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)**

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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 2024 Institution

Institution Name

Address

Street Address

Address Line 2

City

State

ZIP Code



Phone

Planned # of hours per semester

FALL 2024

SPRING 2025

Expected Date of Graduation

MM

DD

YYYY

Area of Study

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

a. IMAGINE THAT YOU COULD HAVE A SUPER-POWER. WHAT WOULD IT BE AND HOW WOULD YOU USE IT? WHAT WOULD BE YOUR KRYPTONITE

b. IF YOU COULD TIME TRAVEL TO ANY TIME AND PLACE, WHERE WOULD YOU GO AND WHY?

2. **SCHOOL TRANSCRIPT** - Send an OFFICIAL TRANSCRIPT to SADA.

They must be marked OFFICIAL TRANSCRIPTS and mailed directly to SADA in a SEALED ENVELOPE, post marked no later than May 15th.

SADA

Attn: Carmen Aguilar

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 15th.

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.

Signature and Date

DOUBLE CHECK ALL DOCUMENTATION BEFORE SUBMITTING!

INCOMPLETE PACKETS FROM AN APPLICANT WILL NOT BE CONSIDERED.