



**IDA Scholarship Program – Applied Technologies, Workforce Training,
Computer Training, Vocational, Technical and Trade School
FALL 2019**

**SECTION 1
APPLICATION INFORMATION**

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS

CITY STATE/PROVINCE MAIL CODE (ZIP) COUNTRY

DATE OF BIRTH () PHONE NUMBER with AREA CODE

EMAIL ADDRESS MALE FEMALE

Applicant is:

Family Member of IDA Installing/Serviceing Dealer Member or IDA Primary Manufacturer/Vendor Member

Name of Sponsoring Relative Relationship to Applicant

Employee of IDA Installing/Serviceing Dealer Member or IDA Primary Manufacturer/Vendor Member

Family Member of Employee of IDA Installing/Serviceing Dealer Member or IDA Primary Manufacturer/Vendor Member

Name of Sponsoring Relative Relationship to Applicant

SECTION 2 SCHOOL INFORMATION

*All types of schools are eligible providing that they are accredited, certified or licensed by the state.

**Vocational, Technical and Trade School degree/diploma or similar certification program applicants must attach a school brochure that explains the program in which the applicant will be enrolling and confirms and verifies the school's accreditation, state certification or license.

High School seniors must graduate before July 15, 2019 and remit final grades.

SCHOOL NAME _____

SCHOOL ADDRESS _____ PHONE _____

Official Transcript Included (Hard Copy Only. Email/Digital Copies Not Accepted)

School Brochure Included (Hard Copy Only. Email/Digital Copies Not Accepted)

SECTION 3 SPONSORING COMPANY MEMBERSHIP INFORMATION

LAST NAME (OFFICIAL IDA REPRESENTATIVE FOR COMPANY CONTACT)

FIRST NAME

COMPANY NAME

IDA MEMBER ID#

ADDRESS

(_____) _____
PHONE NUMBER with AREA CODE

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

EMAIL ADDRESS

SECTION 4 APPLICANT COURSE OF STUDY

The following choice determines the type of Scholarship for which you are applying:

PRIMARY- Full Time Study

SECONDARY- Part Time Study

Definition of Primary and Secondary Scholarship

- *The Primary Full-Time Scholarship academic qualification includes enrollment verification of 9 or more semester hours or the equivalent as determined by the student's university or college, etc. \$2000 is given for this award, one time per year. [NOTE: Full-time applicants will be considered for the Secondary Scholarship if no part-time applicants are available.]*
- *The Secondary Part-Time Scholarship academic qualification includes considering Full-Time students not awarded a Primary Scholarship and Part-Time students with enrollment verifications below 9 semester hours or the equivalent as determined by the student's university or college, etc. The award amount is to be determined by semester hours, or equivalent taken, and not to exceed \$1000.*

MAJOR OR PLANNED MAJOR/VOCATION

FULL NAME OF VOCATION, TECHNICAL, OR TRADE SCHOOL

ADDRESS (_____) _____
PHONE NUMBER with AREA CODE

CITY STATE/PROVINCE MAIL CODE./ZIP COUNTRY

EMAIL ADDRESS

ACADEMIC STATUS FOR FALL 2019:

1ST SEMESTER FRESHMAN

1ST SEMESTER SOPHOMORE

1ST SEMESTER JUNIOR

1ST SEMESTER SENIOR

2ND SEMESTER FRESHMAN

2ND SEMESTER SOPHOMORE

2ND SEMESTER JUNIOR

2ND SEMESTER SENIOR

**SECTION 5
ACTIVITIES**

A. Describe all community service projects you have been involved with (use addition pages if needed):

B. List all community, leadership and/or school involvement, excluding employment (use additional pages if needed)

Activity	Title/Position Held	Years	Est. Hr/Month

**SECTION 6
PERSONAL STATEMENT**

On a separate sheet, in 350 words or less, please explain why you are deserving of an IDA Scholarship and explain how it will contribute to your success in the future. Also include an explanation of why you need this financial assistance. Suggested topics are goals, needs, family, experiences, and/or dreams.

**SECTION 7
RECOMMENDATIONS**

Please provide three (3) letters of recommendation from non-family members using the IDA Scholarship Foundation Recommendation Forms. Recommendations provide character support and should come from teachers, employers, coaches, supervisors, clergy, and professions

SECTION 8 OTHER

Please also provide the following information in the event that you are selected for the Scholarship:

- W-9 for scholarship distribution
- Headshot for promotions
- 1-2 Sentence Quote for promotions

CHECKLIST

Confirm that you have included the following in your application:

- Complete Application
- Official Transcript
- Recommendations
- Personal Statement

ATTESTION

I certify that the information provided in this application is complete, accurate and that I have read and agreed to the scholarship criteria. I authorize the release of all scholarship materials, including references, to members of the IDA Foundation Scholarship Committee. In the event that I am awarded a scholarship, information submitted on this application about me may be released. Failure to be completely truthful in the information provided on this application and future required materials should I be awarded a scholarship, will result in the immediate revocation of any scholarship funds.

APPLICANT SIGNATURE

DATE

SUBMISSION INSTRUCTIONS

Return completed form to:

IDA Scholarship Foundation Program
529 14th St NW, Suite 750
Washington, DC 20045

Questions or Concerns, please feel free to call our Headquarters number, 202-591-2457, or email to info@doors.org

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.