

SCTDRA Scholarship Application

I have read and understand the scholarship program description, I further state that all the information given below is accurate, to the best of my knowledge.

Signed _____ Date _____

Please Print

Last _____ First _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Social Security Number _____

Legal Residence: State _____ County _____ City _____

High School _____

High School Class Rank _____ Grade Point Average _____ Expected graduation date _____

College Selection _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Major(s) _____

Financial Aid Department Contact _____ Telephone _____

Acceptance Date _____ Semester Start Date _____ Est. Graduation Date _____

*Referring Dealer _____ Telephone _____



*Return completed application to
SCTDRA, PO Box 11635, Columbia, SC 29211
or fax to 803-252-7799 by
April 2, 2008.*



Please list schools you have attended:

Name	Address	Dates Attended
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Use the space below to write a brief statement concerning your request for this scholarship.

Use the space below to briefly outline your educational goals and career plans.

*Attach a letter from the recommending dealer.