



## IDA Scholarship Program FALL 2019

### SECTION 1 APPLICATION INFORMATION

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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

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\*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 \_\_\_\_\_

GRADE POINT AVERAGE (4.0 GPA SCALE) \_\_\_\_\_

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

## SECTION 3 SPONSORING COMPANY MEMBERSHIP INFORMATION

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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

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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.*

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MAJOR OR PLANNED MAJOR

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FULL NAME OF HIGHER EDUCATIONAL INSTITUTION

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ADDRESS

(\_\_\_\_\_) \_\_\_\_\_  
PHONE NUMBER with AREA CODE

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CITY

STATE/PROVINCE

MAIL CODE./ZIP

COUNTRY

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EMAIL ADDRESS

**ACADEMIC STATUS FOR FALL 2019:**

1<sup>ST</sup> SEMESTER FRESHMAN

1<sup>ST</sup> SEMESTER SOPHOMORE

1<sup>ST</sup> SEMESTER JUNIOR

1<sup>ST</sup> SEMESTER SENIOR

2<sup>ND</sup> SEMESTER FRESHMAN

2<sup>ND</sup> SEMESTER SOPHOMORE

2<sup>ND</sup> SEMESTER JUNIOR

2<sup>ND</sup> SEMESTER SENIOR

**SECTION 5  
ACTIVITIES**

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

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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**

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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**

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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

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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

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Confirm that you have included the following in your application:

- Complete Application
- Official Transcript
- Recommendations
- Personal Statement

## ATTESTION

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**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.

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APPLICANT SIGNATURE

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DATE

## SUBMISSION INSTRUCTIONS

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Return completed form to:

IDA Scholarship Foundation Program  
529 14<sup>th</sup> 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](mailto:info@doors.org)

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.