



IDA SCHOLARSHIP FOUNDATION PROGRAM FACTS & CRITERIA 2017

1. Recipients.

The following individuals shall be eligible to receive IDA Scholarship Foundation Awards:

- a. Immediate family members of IDA Installing/Service Dealer Members and IDA Primary Industry Manufacturer/Vendor Members.
- b. Employees of IDA Installing/Service Dealer Members and IDA Primary Industry Manufacturer/Vendor Members.
- c. Immediate family members of employees of IDA Installing/Service Dealer Members and IDA Primary Industry Manufacturer/Vendor Members.
- d. The definition of immediate family includes: spouse, son, daughter, legally adopted, natural and stepchildren.

The following individuals shall not be eligible:

- a. IDA Board members and their families shall not be eligible during the term of director/officer service.
- b. Non-IDA door and access systems dealer family members and employees.
- c. IDA Subscribing Dealers, IDA Subscribing Associates, their family members and employees.
- d. IDA Scholarship Foundation Board members and their families shall not be eligible during the term of service.
- e. Any applicant, not employed by the sponsoring company, who does not meet the criteria of the definition of immediate family as stated in 1-d.
- f. Any applicant who does not meet the stated criteria described in the document "Facts and Criteria" or who returns an incomplete application.

2. Educational Scholarship.

The following scholarships are offered:

Primary Full-Time Undergraduate Scholarship: One (1) per IDA Region (12) for applicants sponsored by IDA Installing/Service Dealer Members and two (2) for applicants sponsored by an IDA Primary Industry Manufacturer/Vendor Member. **The student must be pursuing a full-time undergraduate university, college, community college, vocational, technical or trade degree, certification, or diploma. This Scholarship is awarded only once per academic year. A student receiving a scholarship may re-apply each year and be awarded up to four scholarships. The four year length of undergraduate study commencing from the freshman year of entry determines the time period any student may re-apply for scholarships. Studies directly related to the door and access systems industry are not required for Primary Full-Time Scholarships.**

Secondary Part-Time Undergraduate Scholarship: One (1) per IDA Region (12) for applicants sponsored by IDA Installing/Service Dealer Members and two (2) for applicants sponsored by an IDA Primary Industry Manufacturer/Vendor Member. **The student must be pursuing a part-time or full-time undergraduate university, college community college, vocational, technical or trade degree, certification, or diploma. This Scholarship is awarded only once per academic year. A student receiving a scholarship may re-apply each year and be awarded up to four scholarships. The four year length of undergraduate study commencing from the freshman year of entry determines the time period any student may re-apply for scholarships. Studies directly related to the door and access systems industry are not required for Secondary Part-Time Scholarships.**

Definition of Primary and Secondary Scholarship

The **Primary Full-Time Scholarship** academic qualification includes enrollment verification of 9-10 semester hours or the equivalent of Full-Time study as determined by the student's university or college, etc. \$2000 is given for this award one time per year.

The **Secondary Part-Time Scholarship** academic qualification includes consideration for Full-Time students not awarded a Primary Scholarship and Part-Time students with enrollment verifications below 9 semester hours or the equivalent as determined for Part-Time study 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. This award is given one time per year.

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

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

IDA, IDEA, association or supplier training programs are excluded from scholarship eligibility

3. IDA Scholarship Foundation Board.

The IDA Scholarship Foundation Board shall set policy and shall be comprised of members of the IDA Board. **The Board reserves the right to permit the Scholarship Selection Committee to award a special scholarship if it deems a particular applicant deserving of the award.**

4. IDA Scholarship Selection Committee.

The Scholarship Selection Committee shall have the full and independent responsibility for selecting the recipients of scholarships. It shall consist of five individuals from outside the door and access systems industry such as educators, architects, homebuilders and other professionals. The IDA Foundation Scholarship Board Chairperson and the IDA Managing Director shall serve as advisors to the Scholarship Selection Committee.

5. Application.

Applicants must complete an IDA Foundation Scholarship application for the specified year and submit it to the Scholarship Committee. Applications are available online during the month of April. Incomplete applications will not be considered.

6. Scholarship Criteria.

Applications for Primary and Secondary Scholarships are accepted from April 1 through July 15.

The criteria for consideration for an IDA Scholarship are as follow:

The applicant should:

- a. **For Primary and Secondary Scholarship**, be currently enrolled in high school with senior standing, community college, an associate degree program, vocational school or similar certification/diploma program, undergraduate college or university and have a cumulative grade point average equal to or greater than 3.0 on a 4.0 scale (or equivalent) verified by an official transcript. High School seniors must graduate before **July 15, 2016 and remit final grades on an official transcript that includes DATE OF GRADUATION.**
 - Vocational School degree program or similar certification/diploma applicants must submit a school brochure that explains the program or certification in which the applicant will be enrolling or is enrolled and verifies the school's state accreditation, certification or License.
- b. For students returning to school after a period of time out of school, the most recent transcript or an official letter of sponsorship from an employer must be submitted.
- c. Be an immediate family member, an employee, or an immediate family member of an employee of an IDA Installing/Service Dealer Member or an IDA Primary Industry Manufacturer/Vendor Member **in good standing**. (See Section II of application.)
- d. List and document **community service (A) school activities (B)** including approximate hours or years of service, positions held, and accomplishments. (See Section IV A and B of application.)
- e. Complete the full application as attached and explain in a narrative why the applicant deserves and is in need of an IDA Foundation Scholarship. (See Section V of application.) Applications are available in April On-line: www.doors.org and from the IDA Administrative Office: 800-355-4432 or 937-698-8042. **Applications are specific to the year being offered.**
- f. Provide three (3) letters of recommendation from **non-family members** using the IDA Scholarship Foundation recommendation forms provided. **Recommendations provide character support and should come from teachers, employers, coaches, supervisors, clergy, and professionals. Recommendations from friends and relatives will be disqualified.**
- g. Understand that scholarship awards may be allocated as the applicant desires, however all scholarship checks will be made payable jointly to the applicant and the educational institution upon **verification of enrollment** at the school of study.
- h. Submit the completed scholarship application, official transcript, personal statement and three (3) letters of recommendation (school brochure if required) in the same envelope to:

Mailing: IDA Scholarship Foundation Program
PO Box 246
West Milton OH 45383-0246

Shipping: IDA Scholarship Foundation Program
28 Lowry Drive
West Milton OH 45383-1319

If school officials insist a transcript or recommendation must be sent directly to the IDA Scholarship Program, be sure to emphasize the deadline date and note this separate mailing on the application.

- i. Be sure materials **reach this office by July 15 2017** for consideration for **the Fall Semester academic year 2017**. Applications received after the **July 15, 2017** deadline will not be considered.
- j. Understand that there is no required or restrictive field of study for scholarships.

***** Note on personal statement: The selection committee is aware of educational financial burdens. Write something about you, your goals, your needs, your family, your beliefs, your experiences and or your dreams.**

7. Scholarship Amounts.

IDA Scholarships are provided as follows:

- a. Primary Full-Time Scholarships: \$2,000 – one award per student per academic year.
- c. Secondary Part-Time Scholarship: Up to \$1,000 – one award per student per academic year.

8. Submissions for Scholarship

Applicants are considered by grades, community and school involvement, recommendations and character determined through narrative.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



- Application Check List
- Complete Application
 - Official Transcript
 - Personal Statement
 - List of Leadership Activities
 - Signed Application
 - Brochure (stating accreditation) for Vocational/Technical Schools
 - 3 Letters of Recommendation Non-Relative

IDA Scholarship Program Standard and Part-time Application for Consideration FALL 2017

Section I. APPLICATION INFORMATION (Please type or print legibly.)

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 <input type="checkbox"/>	FEMALE <input type="checkbox"/>

Grade Point Average	SCHOOL NAME	Attach Official Transcript Hard Copy Only
4.0 GPA Scale	SCHOOL ADDRESS	Phone
	Email/On-line copies not accepted	

Applicant is:

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

Name of Sponsoring Relative	Relationship to Applicant
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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
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Section II. IDA SPONSORING COMPANY MEMBER

LAST NAME OF OFFICIAL IDA REPRESENTATIVE FOR COMPANY CONTACT	FIRST NAME		
COMPANY NAME	IDA MEMBER ID#		
ADDRESS	() PHONE NUMBER with AREA CODE		
CITY	STATE/PROVINCE	MAIL CODE/ZIP	COUNTRY
EMAIL ADDRESS	() FAX NUMBER with AREA CODE		

Section III. APPLICANT COURSE OF STUDY

– The following choice determines the type of Scholarship for which you will be considered.

_____ 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. This award is given one time per year. [adopted 10/2007]

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, 2016 and remit final grades.

MAJOR OR PLANNED MAJOR

FULL NAME OF HIGHER EDUCATIONAL INSTITUTION

ADDRESS (_____) PHONE NUMBER with AREA CODE

CITY STATE/PROVINCE MAIL CODE/ZIP COUNTRY

EMAIL ADDRESS (_____) FAX NUMBER with AREA CODE

ACADEMIC STATUS FOR FALL 2017

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 IV.A- ACTIVITIES (Please type or print legibly): **Describe Your Community Service:**

Section IV.B - ACTIVITIES Continued (Please type or print legibly): List Your Community, Leadership and/or School Involvement (Excluding Employment)

Activity	Title/Position Held	Years	Est. Hour Per Month/Yr

Section V. APPLICANT PERSONAL STATEMENT (Please type or print legibly)

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.

Signature of Applicant Required:

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

Return completed form to:

Mailing:
 IDA Scholarship Foundation Program
 PO Box 246
 West Milton OH 45383-0246

Shipping:
 IDA Scholarship Foundation Program
 28 Lowry Drive
 West Milton OH 45383-1319

Questions or Concerns, please call Peggy Sanders, Scholarship Administrator: 937-698-8042, 800-355-4432 or email psanders@longmgt.com

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



IDA Scholarship Program Recommendation Form 2017

Full name of applicant: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please answer yes or no to the following:

Table with 2 columns: Question, Yes/No response. Questions include leadership qualities, responsibilities, trustworthiness, judgment, and emotional stability.

If your answer is "no" to any of the above questions, please explain:

In your own words, please complete the following:

I recommend _____ for an IDA Foundation educational scholarship because:

Signature _____

Please type or print:

Name _____ * Phone () _____

Address _____ Email _____

City _____ State/Province _____ Zip _____ Postal Code _____ Country _____

Recommendations provide character support and should come from teachers, employers, coaches, supervisors, clergy, and professionals. Recommendations from friends and relatives will be disqualified.

Please return completed form to: Applicant for submission to:

IDA Foundation Scholarship Program PO Box 246 West Milton OH 45383-0246



IDA Scholarship Program Recommendation Form 2017

Full name of applicant: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please answer yes or no to the following:

Table with 2 columns: Question, Yes/No options. Questions include leadership qualities, responsibilities, trustworthiness, judgment, and emotional stability.

If your answer is "no" to any of the above questions, please explain:

In your own words, please complete the following:

I recommend _____ for an IDA Foundation educational scholarship because:

Signature _____

Please type or print:

Name _____ * Phone () _____

Address _____ Email _____

City _____ State/Province _____ Zip _____ Postal Code _____ Country _____

Recommendations provide character support and should come from teachers, employers, coaches, supervisors, clergy, and professionals. Recommendations from friends and relatives will be disqualified.

Please return completed form to: Applicant for submission to:

IDA Foundation Scholarship Program PO Box 246 West Milton OH 45383-0246



**IDA Scholarship Program
Recommendation Form
2017**

Full name of applicant: _____

How long have you known the applicant? _____

What is **your** relationship to the applicant? _____

Please answer yes or no to the following:

Would you agree that the applicant...	_____	Yes	_____	No
has leadership qualities?	_____	Yes	_____	No
assumes responsibilities?	_____	Yes	_____	No
is consistently trustworthy?	_____	Yes	_____	No
has exhibited good judgment, maturity? and conscientiousness?	_____	Yes	_____	No
is emotionally stable?	_____	Yes	_____	No

If your answer is "no" to any of the above questions, please explain:

In your own words, please complete the following:

I recommend _____ for an IDA Foundation educational scholarship because:

Signature _____

Please type or print:

Name _____ * Phone () _____

Address _____ Email _____

City _____ State/Province _____ Zip _____ Postal Code _____ Country _____

*Recommendations provide character support and should come from teachers, employers, coaches, supervisors, clergy, and professionals.
Recommendations from friends and relatives will be disqualified.*

Please return completed form to: **Applicant** for submission to:

*IDA Foundation Scholarship Program
PO Box 246
West Milton OH 45383-0246*