

SCHOLARSHIP APPLICATION
IOWA-NEBRASKA EQUIPMENT DEALERS ASSOCIATION
Fall 2017 – Summer 2018 School Term(s)

Date: _____

This application is for a: **(check one)**

- first-time I-NEDA Scholarship
 I-NEDA Scholarship renewal

Verification of college enrollment and most recent grade transcript (High School or College) must be attached for scholarship consideration.

Amount of Matching Funds Requested – up to \$2000: _____

DEALER INFORMATION:

Corporation/Company/Organization: _____

Dealership Name: _____

Address: _____
(Mailing address) (City) (State) (Zip Code)

Phone: (_____) _____ Fax: (_____) _____

Dealer principal: _____

Email address: _____

STUDENT INFORMATION:

Student name: _____

Address: _____
(Mailing address) (City) (State) (Zip Code)

Phone number: _____ Email: _____

Check one:

Potential employee training for the following department/position:

Current employee training into a different department.
Please explain: _____

Current employee pursuing advancement within the same department.
Please explain: _____

(Continued – page 2 of this form must be completed and signed for scholarship consideration.)

