

IOWA AUTO RECYCLERS ASSOCIATION SCHOLARSHIP

APPLICANT CRITERIA:

- Be a graduating high school senior or equivalent, or a college student who has been accepted to an accredited university, state college, community college, business or liberal arts school
 - A minimum 3.0 GPA during high school or first year college.
 - Applicants (or their eligible dependent/relative) must be affiliated with the Iowa Auto Recyclers association to participate by meeting ONE of two criteria:
 - 1) Be a recycling yard owner or relative of the recycling yard owner who is a direct member of the Iowa Auto Recyclers. The owner of the recycling yard must be employed at the recycling yard, and not at other enterprises owned by the recycling yard. "Relatives" may include a son, daughter, grandchild, son-in-law, daughter-in-law, or spouse of the owner. *Brothers, sisters, uncles, aunts, nieces, or nephews of the owner will not be eligible to participate unless employed in the business.*
- OR
- 2) Be an employee or dependent of an employee of the member salvage yard who has been employed for one year or more. Applicant must remain a degree-seeking student, enrolled at least full-time (a minimum of 12 credit hours per term).

APPLICANT GUIDELINES:

- Complete attached application.
- Enclose an official copy of the applicants' high school transcripts (in separate sealed envelope) with application.
- Include a one-page essay on one of the following topic:

What are the reasons why accidents happen?

- Two recommendation forms filled out from a school counselor, school official, employer or high school teacher who is familiar with the applicant.
- Applicants must remain enrolled in the same accredited four-year college, accredited university, state college, community college or business or liberal arts school for at least one year after accepting scholarship funds to be eligible for the full award.
- Obtain a letter from your parents' employer confirming date of hire with the firm. Your parent must have been or will be employed with a full member of the Iowa Automotive Recyclers for at least one year prior to application.

All candidates will be required to submit a complete application package, which includes a completed application form, transcripts, essay and two recommendation forms to: IAR SCHOLARSHIP COMMITTEE
ATTN: JODI KUNDE 55 WEST 32ND STREET DUBUQUE IA 52001, you can e-mail any questions to Jodi at iarscholarship@gmail.com.

DEADLINE DATE:

The deadline for receipt for all application materials must be received by the IAR scholarship committee by midnight **MARCH 30TH**. Up to \$5000.00 will be awarded in scholarships for the fall term. The winners will be notified in writing and will be posted on the IAR website.

The scholarship award check will be forwarded to the scholarship recipient's school upon written certification of his/her enrollment for the fall term of the year the scholarship was granted. If the scholarship winner does not provide enrollment verification for the fall term the scholarship monies will be forfeited.

SCHOLARSHIP SELECTION:

The scholarship will be awarded based on review of the following: coursework in high school, course distribution, activities, the one-page essay and recommendations. *Standardized test scores will NOT be used as a factor in the selection process.*

IOWA AUTO REYCLERS SCHOLARSHIP APPLICATION

NAME: _____
(First) (Middle) (Last)

MAILING ADDRESS: _____

HOME PHONE: _____ E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ GENDER: MALE / FEMALE

CURRENTLY ATTENDING: _____
(INDICATE HIGH SCHOOL OR OTHER SCHOOL)

HIGH SCHOOL HONORS, AWARDS, AND ACTIVITIES: _____

COMMUNITY SERVICE AWARDS AND ACTIVITIES: _____

STATE YOUR FINANCIAL NEED. WHAT PORTION OF EDUCATION FUNDED BY YOURSELF:

SCHOLASTIC INFORMATION:

ACT TEST SCORE _____ SAT TEST SCORE _____

RANK IN CLASS _____ OF _____ CURRENT GPA: _____

HONORS AND AWARDS (STATE NATURE AND YEAR OF AWARD OR HONOR): _____

OFFICES AND POSITIONS OF LEADERSHIP (NAME OF ORGANIZATION & YEAR, EX: BAND 9, 10)

WHAT ARE YOUR SHORT AND LONG-TERM CAREER OBJECTIVES? _____

WHAT DO YOU SEE YOURSELF DOING FIVE YEARS FROM NOW? _____

ANY ADDITIONAL INFORMATION WHICH MAY BE USEFUL TO SCHOLARSHIP COMMITTEE:

SCHOOL YOU WILL BE ATTENDING: _____

ANTICIPATED MAJOR: _____ EXPECTED GRADUATION DATE: _____

NAME OF PARENT WHO HAS BEEN EMPLOYED BY A DIRECT MEMBER OF IAR FOR AT LEAST ONE YEAR? _____ START DATE? _____

WHICH DIRECT MEMBER/YARD ARE YOU AFFILIATED? _____

NOTE: transcripts, essay, and recommendation forms should accompany scholarship application.

APPLICANTS SIGNATURE: _____ DATE: _____

Answer the essay question:

What are the reasons why accidents happen?

RECOMMENDATION FORM

IOWA AUTO RECYCLERS ASSOCIATION SCHOLARSHIP

Name of Applicant: _____

School: _____

How long and in what capacity have you known applicant: _____

Please state why you feel this applicant would be a good choice as a recipient of this scholarship?

How firm is the applicant's commitment to his or her career? _____

Signed: _____ Date: _____

Title or Position: _____

SCHOOL VERIFICATION

As of _____ the student listed above had a grade point average of _____

ACT Test Score: _____ ACT Test Score: _____ Rank in Class: _____

OF STUDENTS IN APPLICANTS CLASS: _____

Signed: _____ Position: _____