



TECHNICIAN SCHOLARSHIP APPLICATION

MAINTENANCE & TECHNOLOGY COUNCIL

Dear Applicant:

We welcome your decision to apply for the Arkansas Trucking Association Carl Tapp Technician Scholarship.

Please take a few minutes to **review the requirements below before beginning the application.**

Completed scholarship application packages must be received by the ATA office by **April 5, 2024.**

This is a tremendous opportunity to further your education through your own efforts with a small investment of your time.

REQUIREMENTS

Please read carefully before completing application.

To be considered for the scholarship:

1. You must be graduating from an accredited vocational, public, private, or parochial high school.
2. It is necessary for you or an official from your high school to send ATA your official high school transcript showing your most recent three years' academic performance.
3. Your application must be received by the ATA office by April 5, 2024.
4. Scholarship is awarded towards a minimum two-semester medium/heavy duty truck technician program from a school that is within the state of Arkansas. Students may begin their course of study in either August or January based on individual program requirements.
5. Before the scholarship is awarded, ATA must verify your acceptance from the chosen school.
6. Scholarship will be split into 2 payments. In order to qualify for second payment at halfway point of program, student must provide proof of continued enrollment and transcript showcasing a GPA of 2.8 or above, overall.

There are two sections of the application.

The first section is for officials from your high school (teachers, counselors, principals, and coaches) to provide information about you. You may make multiple copies of this section and request more than one school official who knows you well to complete the forms.

The second section is to be completed by you and your parent/guardian (if you are under 18). You are the one responsible for assuring the application is completed and submitted on time.

We look forward to receiving your application!



Arkansas Trucking Association
 PO Box 3476
 Little Rock, AR 72203

**TECHNICIAN SCHOLARSHIP APPLICATION
 HIGH SCHOOL INFORMATION**

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AUTHORIZATION TO RELEASE INFORMATION			
LAST NAME OF APPLICANT	FIRST NAME	MIDDLE NAME	
<p>I authorize my high school to release my school records and other requested information for consideration in the ATA Technician Scholarship Program.</p>			
APPLICANT'S SIGNATURE	DATE	PARENT'S SIGNATURE (if under 18)	DATE

INSTRUCTIONS FOR THE HIGH SCHOOL OFFICIAL

The student named above is an applicant for an ATA Technician Scholarship. To process the application, we need the following information completed by a school official who knows the student well. We also need an official TRANSCRIPT of the student's school record.

You may mail this form directly to the ATA Technician Scholarship Program at the above address, email to sarahnewman@arkansastrucking.com, or you may return the form to the applicant.

TO BE COMPLETED BY HIGH SCHOOL OFFICIAL

NAME OF SCHOOL		PHONE	
STREET ADDRESS		CITY	STATE ZIP CODE
GRADES TAUGHT	TOTAL ENROLLMENT	12TH GRADE ENROLLMENT	GRADING SYSTEM (E.G. GRADING SCALE 4.0 OR 5.0: OTHER?)
Does the school offer advanced placement courses, honor courses, or special vocational preparatory courses? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, briefly describe your program (e.g. courses in vocation only? Humanities only? Both? Other?):			
Are students given a different grade weighting for college preparatory, honor, or vocational courses? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Applicant's GPA as of date _____ BASED ON _____ SEMESTERS OR _____ QUARTERS		How long have you known this applicant? _____ YEARS _____ MONTHS	
Are you confident this applicant will graduate during the academic year? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain			

Please summarize evaluations of the applicant.	N/A	BELOW AVERAGE	AVERAGE	TOP 20%	TOP 10%	TOP 1%
PARTICIPATION IN CLASS						
PURSUIT OF INDEPENDENT STUDY						
LEADERSHIP CHARACTERISTICS						
PERFORMANCE IN VOCATIONAL COURSES						

Describe any unusual circumstances which might favorably or unfavorably affect the applicant's adjustment to vocational school.

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Cite specific examples of leadership demonstrated by this applicant.

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List specific talents where this applicant has shown outstanding ability (i.e. vocational, etc.).

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I have attached a copy of the applicant's official transcript. YES NO

If your school offers special vocational courses, were they available to this applicant?

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Please provide any relevant comments, if applicable, regarding this applicant's performance in vocational courses or advanced placement courses.

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Please provide information concerning non-standard grading or comparison of difficulty of vocational courses vs. basic courses.

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YOUR NAME (PLEASE PRINT)	TITLE
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EMAIL ADDRESS

SIGNATURE	DATE
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CARL TAPP TECHNICIAN SCHOLARSHIP CHECKLIST

STUDENT LAST NAME _____

In order to receive funds, recipients of the scholarship are required to be accepted into a medium/heavy duty truck technician program at an Arkansas institution.

Have you applied to any institutions?

- Yes No

List schools for which you have submitted applications.

Have you scheduled a campus visit at the Arkansas institutions you would like to attend?

- Yes No

List schools you have visited or have scheduled a visit.

Have you taken the ACT, ACCUPLACER or other required college entrance exams?

- Yes No

Have you completed the Free Application for Federal Student Aid (FAFSA)?

Visit fafsa.ed.gov to submit your application.

- Yes No

Have you applied for additional scholarships?

Complete any local scholarship applications that are applicable to you.

- Yes No

List any other scholarships for which you have applied.

APPLICATIONS MUST BE RECEIVED BY APRIL 5, 2024. SUBMIT BY MAIL OR EMAIL.

ATA, PO BOX 3476, LITTLE ROCK, AR 72203 OR SARAHNEWMAN@ARKANSASTRUCKING.COM

IF YOU MAIL YOUR APPLICATION, NOTIFY SARAH NEWMAN VIA EMAIL.