



# Dealer Maker Scholarship Application

CIADA will provide funds for attendance at CIADA educational events, including travel, accommodations, and registration for the CIADA Annual Meeting and Expo. To be eligible, the dealer applicant must have been in business for 5 years or less and have never attended the CIADA Annual Meeting and Expo. Applicants will be selected by the scholarship committee and verified, at a minimum, two weeks before the awards at the convention.

Name: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

CIADA Dealer Member/Dealership Name: \_\_\_\_\_

Dealer Number: \_\_\_\_\_

Does the applicant operate their business according to the CIADA code of ethics?

Yes \_\_\_ No \_\_\_

Does the applicant have a sanction-free record with the state DMV/licensing Agency?

Yes \_\_\_ No \_\_\_

Does the applicant's dealership operation have an outstanding reputation for customer relations and handling customer complaints?

Yes \_\_\_ No \_\_\_

CIADA Sponsor Name (recommended by): \_\_\_\_\_

Business Name: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sponsor's Statement Supporting Nominee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the sponsor attending the event? Yes \_\_\_ No \_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send the application to: CIADA, 5643 Harrisburg Industrial Park Drive, Harrisburg, NC 28075. For more information, call 704-455- 2117 or fax 704-454-5567 (attach additional sheets as necessary) **Must Be Post Marked by July 1, 2024.**