



Arkansas Trucking Association
 PO Box 3476
 Little Rock, AR 72203

**TECHNICIAN SCHOLARSHIP APPLICATION
 HIGH SCHOOL INFORMATION**

AUTHORIZATION TO RELEASE INFORMATION			
_____ LAST NAME OF APPLICANT	_____ FIRST NAME	_____ MIDDLE NAME	
I authorize my high school to release my school records and other requested information for consideration in the ATA Technician Scholarship Program.			
_____ APPLICANT'S SIGNATURE	_____ DATE	_____ PARENT'S SIGNATURE (if under 18)	_____ DATE
By checking this box, you are verifying that the signatures above are valid.			

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 secondary 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? If yes, briefly describe your program (e.g. courses in vocation only? Humanities only? Both? Other?):			YES	NO
Are students given a different grade weighting for college preparatory, honor, or vocational courses?			YES	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?			YES	NO
If no, please explain				

Please summarize teachers' 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 (e.g. 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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