

We are pleased to award this scholarship on behalf of Jerry Nerman and the membership of the UTA.

For 2020 the UTA is proud to offer seven (7) \$6,000 scholarships to qualified applicants sponsored by a UTA member in good standing. This is a one-time award for further education at an accredited degree granting institution. Successful candidates are NOT eligible to reapply.

CONDITIONS OF SCHOLARSHIP

The award winner must be a full-time student and pursuing a degree in an accredited program. The scholarship will be awarded directly to the academic institution. A copy of the student's transcript may be requested once the school year begins. The scholarship is a one-time award. Unsuccessful candidates must reapply for future consideration.

QUALIFICATION CRITERIA

- » Community Activities
- » Work Accomplishments
- » Academic Success
- » References
- School Activities

APPLICATION PROCEDURE

Each applicant is responsible for gathering and submitting all information to the UTA on or before Friday, September 11, 2020.

» Complete the attached application and mail to:

Misty Reis

Used Truck Association

303 Corporate Center Dr., Suite 300A

Stockbridge, GA 30281

- » Provide digital photograph (medium- to high-resolution jpg format) via email to: misty@uta.org
- » High school and college (if applicable) transcripts
- » Two letters of recommendation from teachers
- "> One letter of recommendation from a non-relative in the community (business people, community leaders, coaches, etc).

The deadline for applying for this year's scholarships is Friday, September 11, 2020. If the application is late or incomplete it will NOT be considered. The recipients will be determined by October 1, 2020 and notified by phone. The winners will be announced in the UTA *Industry Watch* newsletter and at the 21st Annual UTA Convention in November, 2020.





Attach additional sheets if space is not adequate. Applications must be received by the UTA on or before Friday, September 11, 2020. Mail to:

Misty Reis Used Truck Association 303 Corporate Center Drive, Suite 300A Stockbridge, GA 30281

APPLICANT INFORMATION		• • • • • • • • • •		• • • • • • •	
First Name	Middle Initial			Last Name	
Mailing Address	City			State	Zip Code
Date of Birth	Phone Number			Email Addres	S
EDUCATION BACKGROUND	– HIGH SCHOOL	• • • • • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •
Name of High School				Graduation D	ate
Mailing Address	City			State	Zip Code
Principal				Principal's Phone Number	
EDUCATION BACKGROUND	- POST SECONDA	ARY	•••••	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Name of Institution	Anticipated Graduation Da			raduation Date	
Institution Mailing Address	City	State	Zip Code		Phone Number
•••••••••	• • • • • • • • • • • • •	• • • • • • • • • •		• • • • • • •	
UTA SPONSOR					
UTA Sponsor Name				Email Addres	S
Mailing Address	City	State	Zip Code		Phone Number



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WORK EXPERIENCE (last three positions h	held)
Company/Position	
Dates employed (mo/yr)	Hours per week
Description of experience	
Company/Position	
Dates employed (mo/yr)	Hours per week
Description of experience	
Company/Position	
Dates employed (mo/yr)	Hours per week
Description of experience	



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ACTIVITIES/AWARDS
List all school related activities (sports, student government, music, etc) and all community activities (scouts, volunteer work, etc.) in which you have participated during the past four years.
Activity
Dates
Awards
Positions Held
Activity
Dates
Awards
Positions Held
Activity
Dates
Awards
Positions Held



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BIOGRAPHY

Please write a brief bio about yourself.



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GOALS AND ASPIRATIONS

State your future goals/ aspirations as they relate to your education and career objectives:



Student: please print this page. It is to be completed by high school counselor, college advisor, instructor or supervisor.

Advisor/Instructor: Please provide information in support of this student. When completed, please return to the applicant in a sealed envelope.

REQUIRED – APPLICANT EVALUTION To be completed by high school counselor, college advisor, instructor or supervisor.				•
STUDENT INFO	DRMATION			
First Name	Middle Initial	Last Name	Phone Number	
YOUR INFORMA	ATION			
First Name	Last Name	Phone Number	Position	_

COMMENTS REGARDING THIS APPLICANT

CONSENT TO USE OF APPLICANT'S NAME AND LIKENESS

In connection with the application of	ip, the undersigned does hereby grant to the Applicant or the undersigned, the right to d likeness in all forms of print or electronic print publications and other advertising and
I agree that no Media needs to be submitted to the Applic further approval and the undersigned unconditionally con	
The undersigned understands that the Applicant and the undersigned understands that the Applicant and the understands are understands to any photographs of Used Truck Association, its agents or contractors shall vest If the Applicant is under 18 years of age, the aforemention guardian of the Applicant.	or other images of the Applicant taken by the t and remain with the Used Truck Association.
Applicant:	For Applicants Who Are Minors:
Signature	Signature
Printed Name	Printed Name and Relationship to Applicant

CONSENT TO USE OF SCHOLARSHIP RECIPIENT'S NAME AND LIKENESS

(print name) ("Schola	rship Recipient") received a UTA Jerome Nerman Family
further obligation to the Scholarship Recipient or the u	does hereby grant to the Used Truck Association, without ndersigned, the right to use the Scholarship Recipient's name, f print or electronic communications, including web based,
television, radio, print publications and other advertisin reservation or limitation.	ng and promotional materials (collectively "Media") without
	colarship Recipient or the undersigned (if different) for any further as to the release of the Media, or the prior release if applicable.
sation and all property rights to any photographs or ot Association, its agents or contractors shall vest and rer	cipient and the undersigned (if different) will receive no compen- ther images of the Scholarship Recipient taken by the Used Truck main with the Used Truck Association. If the Scholarship Recipi- nission is given by the parent or legal guardian of the Scholarship
Scholarship Recipient:	For Scholarship Recipients Who Are Minors:
Signature	Signature
Printed Name	Printed Name and Relationship to Scholarship Recipient
Date:	Date: