

SCHOLARSHIP APPLICATION FOR NEW CDL HOLDER

I, _____ of _____
(NAME OF SPONSOR) *(MDTA REGULAR MEMBER/COMPANY NAME)*

would like to nominate _____, who is a new CDL holder
(NAME OF NOMINEE)

as of _____.
(DATE OF COMPLETION)

The approved training course completed is _____ from
(NAME OF COURSE)

(NAME OF SCHOOL)

A copy of the nominee’s CDL is attached.

Once approved, the nominee is eligible for a one-time scholarship of five hundred dollars (\$500.00).

(Signature of Sponsor)

(Signature of Nominee)