



Sullivan Tire & Auto Service 2026 CLUB MEMBER SCHOLARSHIP APPLICATION

NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE	EMAIL ADDRESS			
FATHER/GUARDIAN NAME	ADDRESS		PHC	PHONE	
MOTHER/GUARDIAN NAME	ADDRESS		PHONE		
HIGH SCHOOL	,	GPA	YEAR OF GRADUATION		
COLLEGE		GPA	DEGREE ACHIEVED/ PURSUING		
COLLEGE ADDRESS		START DATE			
-	nswer the following o	-			
If you are currently enrolled in	າ a post-secondary program, pl	ease list your school's name, you	ur program of study, and expect	ed date of graduation.	
If not yet enrolled, list where	e you have submitted applica	tions and expected date(s) of a	acceptance.		
Please list any extracurricula	r activities or community org	anizations to which you belong	. Indicate any leadership posit	tions held.	
describing your goal		et of paper, please wr education and how th life.			
	•	pporting documents (transcripts, recomme	ndation letters, etc.)	
6			5.1		
Signature of Applicant			Date		