

2024 SCHOLARSHIP APPLICATION

AMERICAN TRAIN DISPATCHERS ASSOCIATION SCHOLARSHIP PROGRAM

FOR CHILDREN AND GRANDCHILDREN OF ATDA MEMBERS AND RETIREES

APPLICATION DEADLINE: May 10,

2024 AWARD DATE: July 1, 2024

APPLICANT PERSONAL INFORMATION (please print clearly)

NAME _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ Date of Birth _____

FULL NAME OF PARENT, GRANDPARENT OR GUARDIAN (ATDA MEMBER) _____

By June 2024, I will have completed

- High School
- 1st year college
- 2nd year college
- 3rd year college
- 4th year college

In the fall of 2024, I will attend:

- Community or Junior College
- College or University
- Trade or Technical School

Name of Community or Junior College, College or University, Trade or Technical School attending or applied:

Intended Major: _____

Eligibility

1. Children or Grandchildren of ATDA members and retired members
2. Good standing ATDA membership of Parent, Grandparent or legal guardian
3. Attending, acceptance or applied for acceptance into an accredited college, university, community college, or technical or trade school at the time of the award.
4. Awards to be used for the 2024-2025 school year.
5. Applications and all supporting documents must be **received by May 10, 2024** in order to be considered.

MAIL EARLY!!!

Non Eligibility: Children or Grandchildren of promoted, managers, or those in Official positions are **NOT eligible** for an ATDA Scholarship.

Award Criteria

The top 12 applicants will be awarded by the Scholarship Committee based upon criteria which is determined by the Joint Board.

Application Instructions

1. Please type or print clearly.
2. All requirements must be met, and all information must be completed in order for the application to be considered.
3. Enclose a copy of your school grade transcript from your last **completed** semester or quarter and it must include: Your name on the transcript, the school’s name on the transcript, and applicable dates on the transcript. (SAT and ACT scores are encouraged, but not required)
4. Attach an essay of at least 500 words, on the topic: *How has ATDA membership benefited you or your family and why is it important that the union continues to represent its members?* Please use personalized examples or those of your ATDA family member. Additionally, describe your career goals, aspirations, and social awareness. Applications without essays will not be considered. Do not send essays separately.
5. Review and complete the scholarship application checklist and certification.
6. You **must mail or email** the application to the address or email address shown at the end of the application form.
7. Retain a copy of the completed application and all supporting documents for your files. It is strongly recommended that you contact the National Office at (216) 251-7984 Ext. 1006 to verify receipt of your application.

Estimated Financial Need

List the total anticipated amount you will need for the year.

Include the cost of tuition and expenses such as books, transportation, and housing. \$ _____

Employment/Awards/Activities

Please provide information on any employment you have held. Attach additional sheets if needed.

Please provide information on any special honors or awards you have received.

Please provide information on extracurricular or outside activities (clubs, sports or volunteer work) in which you have participated.

Essay

Attach an essay of at least 500 words, on the topic: *How has ATDA membership benefited you or your family and why is it important that the union continues to represent its members?* Please use personalized examples or those of your ATDA family member. Additionally, describe your career goals, aspirations, and social awareness. Applications without essays will not be considered. Do not send essays separately.



ATDA Membership Verification Form

Name of Scholarship
Applicant: _____

(Please type or print clearly)

Union Member or Retired Member Verification:

I, _____, verify that I am a member or retired member in good standing of
(Please print name of union member) the ATDA and that I am the Parent, Grandparent or legal guardian of the above named applicant.

Railroad where employed or retired from

Office working in or worked in if retired

Signature of Union Member or Retired ATDA Member

ATDA Union Representative

Print the Name of Union Representative and ATDA Position

Daytime Phone Number

Name of System Committee if not a National Officer

Applications without this completed form will not be considered.



Certification

I, the undersigned, certify that all of the information I have included in and with my application is true. I understand that if I am selected for an award, I may be required to submit further proof of my union membership or my relationship to a union member and of my acceptance to or enrollment in an accredited college, community college, university or recognized trade school. Further, I understand that official verification will be required of my attained grades and test scores. I agree that if I am selected for an award, my name, photograph, and/or essay may be used for publicity purposes with no additional compensation by the sponsors of this scholarship program. I also certify that I have read and understand the information above.

Signature _____

Date _____

CHECKLIST:

- Complete all sections of this application
- Copy of most recent completed school grade transcript in accordance instruction #3 on page 2 of this application. (SAT or ACT scores are optional)
- Essay: The essay must be sent with the application in order to be considered.
- Membership verification form. Verification form must be sent with the application in order to be considered.
- Review and sign your application.
- Retain a copy of the completed application and all supporting documents for your records.

APPLICATIONS MUST BE RECEIVED BY May 10, 2024

Mail to:

ATDA SCHOLARSHIP FUND
c/o Secretary-Treasurer Bill Sikes
4239 West 150th Street
Cleveland, Ohio 44135

Or email to:

ATDA.scholarship.2024@atda.org