

**C.I.Q.M.A. SCHOLARSHIP APPLICATION  
2020**

**FORMS MUST BE COMPLETED AND SUBMITTED ALONG WITH:  
• COPY OF DRIVERS LICENSE, AND • MOST RECENT UTILITY BILL**

**APPLICANT INFORMATION**

|                               |                    |                      |             |
|-------------------------------|--------------------|----------------------|-------------|
| <b>NAME:</b>                  |                    | <b>EMAIL:</b>        |             |
| <b>DL#:</b>                   | <b>HOME PHONE:</b> | <b>CELL PHONE:</b>   |             |
| <b>ADDRESS:</b>               | <b>CITY:</b>       | <b>ST:</b>           | <b>ZIP:</b> |
| <b>APPLICANT DRIVER NAME:</b> | <b>AGE:</b>        | <b>RELATIONSHIP:</b> |             |

**SPOUSE INFORMATION**

|                 |                    |                    |             |
|-----------------|--------------------|--------------------|-------------|
| <b>NAME:</b>    |                    | <b>EMAIL:</b>      |             |
| <b>DL#:</b>     | <b>HOME PHONE:</b> | <b>CELL PHONE:</b> |             |
| <b>ADDRESS:</b> | <b>CITY:</b>       | <b>ST:</b>         | <b>ZIP:</b> |

**EMPLOYER INFORMATION**

|                              |                          |                        |
|------------------------------|--------------------------|------------------------|
| <b>APPLICANT'S EMPLOYER:</b> | <b>TIME W/ EMPLOYER:</b> | <b>POSITION/TITLE:</b> |
| <b>SPOUSE'S EMPLOYER:</b>    | <b>TIME W/EMPLOYER:</b>  | <b>POSITION/TITLE:</b> |

**STATEMENT/QUESTIONNAIRE**

**BRIEF STATEMENT OF WHY YOUR FAMILY WOULD BE A GOOD CANDIDATE FOR OUR PROGRAM:**

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**WHAT TYPE OF TRANSPORTATION WOULD YOU BE ABLE TO PROVIDE FOR GETTING THE CAR TO AND FROM THE TRACK?**

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**WHAT IS YOUR RACING EXPERIENCE?**

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**HOW DID YOUR HEAR ABOUT MINI-INDY/QUARTER MIDGETS?**

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**REFERENCES**

|                 |                     |               |                           |
|-----------------|---------------------|---------------|---------------------------|
| <b>NAME:</b>    | <b>YEARS KNOWN:</b> | <b>PHONE:</b> | <b>BEST TIME TO CALL:</b> |
| <b>ADDRESS:</b> | <b>CITY</b>         | <b>ST:</b>    | <b>ZIP:</b>               |

|                 |                     |               |                           |
|-----------------|---------------------|---------------|---------------------------|
| <b>NAME:</b>    | <b>YEARS KNOWN:</b> | <b>PHONE:</b> | <b>BEST TIME TO CALL:</b> |
| <b>ADDRESS:</b> | <b>CITY</b>         | <b>ST:</b>    | <b>ZIP:</b>               |

|                 |                     |               |                           |
|-----------------|---------------------|---------------|---------------------------|
| <b>NAME:</b>    | <b>YEARS KNOWN:</b> | <b>PHONE:</b> | <b>BEST TIME TO CALL:</b> |
| <b>ADDRESS:</b> | <b>CITY</b>         | <b>ST:</b>    | <b>ZIP:</b>               |