



AUTOMOTIVE
OIL CHANGE
ASSOCIATION

AUTOMOTIVE OIL CHANGE ASSOCIATION SCHOLARSHIPS

Who is eligible to apply for the AOCA Scholarships?

- Graduating high school seniors, recipients of a high school diploma or GED certificate and college freshmen, sophomores, juniors and seniors. College seniors who will be graduating with a bachelors degree by the end of summer school in this current academic year are not eligible to apply.
- Applicants must be employed on a full or part-time basis by an AOCA member company for at least six months prior to the application deadline of April 1 and must be still employed when winners are announced in May.
- Applicants who have been employed on a part-time basis must have worked an average of 15 hours a week during the six-month required employment period.
- Children and relatives of AOCA members are not eligible to apply.

Selection of winners

This non-traditional program does not emphasize outstanding academic achievement. The selection committee will evaluate an applicant's transcript and/or scores; however, it focuses primarily on the applicants' career objectives, length of employment, the manager's recommendation, and participation in school and community activities.

How will scholarships be awarded?

- Checks will be made payable to the college or university that the recipient is attending, but they will be mailed to the recipient's home address. Checks will be disbursed on a semester or quarterly basis depending on the college or university that the student is attending.
- The awards are one-time, non-renewable grants in amounts ranging from \$300 to \$1,200 depending on the number of semester or quarter hours in which the student has enrolled.
- AOCA Scholarships may be applied to any accredited, nonprofit or profit-making postsecondary institution* This includes a four-year college, community or junior college or vocational/technical institute offering a one or two year certificate program.
- Scholarship recipients will be responsible to deliver their scholarship checks to their college financial aid or student account office.
- Awards are for undergraduate, full or part-time students only.
- Barring illness, emergency, or military service, the awards can only be used for the academic year in which they were awarded.

*AOCA Scholarships may be used at profit-making institutions which are eligible for participation in Federal Student Aid Programs.

What is the scholarship timeline?

- **All applications, transcripts and other documentation must be postmarked by April 1**
- Applicants will be notified of the selection committee decision by May 15
- Award checks will be distributed during the months of August and December for students on the semester system or in August, November and February for students on the quarter system.

How to apply?

- Go to www.scholarshipadministrators.net to apply online or to print out an application. Access code is AOCA
- Contact Scholarship Program Administrators, Inc., the administrator of the scholarship program.

Questions regarding the scholarship program should be addressed to:

AOCA Scholarship Program
Scholarship Program Administrators, Inc.
P.O. Box 23737
Nashville TN 37202-3737
Telephone: 615-320-3149
Fax: 615-320-3151



**AUTOMOTIVE
OIL CHANGE
ASSOCIATION**

AOCA SCHOLARSHIP PROGRAM

C/O Scholarship Program Administrators, Inc.
P.O. Box 23737
Nashville TN 37202-3737

All applicants must complete steps 1-3: College students must also complete Step 4.

1. Complete and process the High School Record Request Form as directed. If your ACT and/or SAT scores do not appear on your transcript, attach a copy of the scores as received by the College Board or ACT.
2. Complete all pages of this application as directed.
3. Mail your completed scholarship application by the **April 1** postmarked deadline to the address indicated above.

Attention College Students:

4. You must also submit a current official transcript of your grades from all the college(s) you have attended.

Student Information:

SS# _____ - _____ - _____ First Name _____ Last Name _____

Home Mailing Address _____ Apartment _____

City _____ State _____ ZIP _____

Phone # _____ - _____ - _____ E-Mail _____

High School Information:

High School Name _____ City _____ State _____

I received my: ? High School Diploma (year received) _____ ? GED (year received) _____

Academic Information:

Applicants: Please provide as much information as possible which is requested in the boxes below.

College Class Level in fall	College GPA (if in college)	High School Class Rank	High School Class Size	ACT-Composite	SAT-Verbal	SAT-Math
1 2 3 4 (circle one)						

College Information:

College Class Level (see box above) **1 - Freshman** **2 - Sophomore** **3 - Junior** **4 - Senior**

In the fall the institution I plan to attend is _____
(Please write full name of institution you will attend, no initials)

in _____ City/State. I plan to major in: _____

I plan to enroll in: (check one) ? Two courses ? Three courses ? Four or more courses

Eligible Employee Information:

My eligibility is based on my employment by the following AOCA member company:

Full Name _____ SS# _____ - _____ - _____

AOCA Member Company _____

Company Address _____ City _____ State _____

Hire Date (month/year) _____ Employer's Business phone # _____ - _____ - _____



**AUTOMOTIVE
OIL CHANGE
ASSOCIATION**

AOCA SCHOLARSHIP PROGRAM

C/O Scholarship Program Administrators, Inc.
P.O. Box 23737
Nashville TN 37202-3737

HIGH SCHOOL RECORD REQUEST FORM

All applicants must complete steps 1-4:

1. Detach this form from your application.
2. Complete the student information section below.
3. Mail or submit this form to your high school.
4. Have this form and attached record mailed to the address above postmarked by **April 1**. Notify Guidance Counselor of postmarked deadline.

Note: High school records are needed for all applicants regardless of the applicant's year in college. If you earned your GED instead of a high school diploma, however, please submit a copy of your GED certificate in addition to any high school records you may have.

Student Information:

Social Security Number# _____ - _____ - _____ Year of High School Graduation or GED _____

First Name _____ Last Name _____

Home Mailing Address _____ Apartment _____

City _____ State _____ ZIP _____

Home Phone # (_____) _____ - _____ E-Mail Address _____

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
(If student is under 18)

Guidance Counselor, this student is applying for a scholarship. Please complete steps 1-4:

1. Attach a copy of the student's records, which includes seven semesters of grades.
2. Fill in the boxes below with the requested information.
3. Sign certification statement below.
4. Mail this form and attached record to the address above, or return this form and attached record to the student for mailing by the April 1 postmarked deadline.

I certify that all the information on this form is correct, and that the student's record is included.

Counselor's Signature _____

Office Phone Number _____ Office Fax Number _____

High School GPA	Class Rank	Class Size	ACT-Composite	SAT-Math	SAT-Verbal

ACTIVITIES, COMMUNITY SERVICE, AND AWARDS

Describe your extracurricular school and outside activities. Include information on service organizations and/or community projects in which you have been involved, and any awards you have received in high school or college. If more space is needed, you may continue on a separate page, using the same format as below. Be sure to include your name and Social Security Number on that sheet and attach it to your application.

Activity	Position/Office	Hours/Week	1	2	3	4	Awards/Honors

EMPLOYMENT HISTORY

Describe your work experience over the past three years. (If more space is needed, you may continue on a separate page, using the same format as below. Be sure to include your name and social security number on that sheet, and attach it to your application.)

Employer's Name	Year(s)	Hours/Week	Position Held

APPLICATION CHECK LIST

You may use the following checklist in order to assure that the application process is complete

- I have submitted my application (filled out in full, signed, and dated)
- I have mailed or attached my high school transcript, or it is being mailed by my high school guidance counselor
- I have submitted copies of my ACT and/or SAT scores (documented on transcript or from copy of score report)
- I have mailed or attached my college transcript(s) (for college students only)

CERTIFICATION

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I understand that it is my responsibility to make sure that this application is completed and mailed by the required postmarked deadline, listed on the application. Furthermore, I understand that if my application is not complete, or if I do not submit my application by the postmarked deadline, I may be disqualified from the scholarship competition and will not be considered for a scholarship.

This application, upon receipt, becomes the property of the scholarship sponsor, and of Scholarship Program Administrator, Inc., the administrator of the scholarship.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
(If the student is under 18 years old)

AOCA EMPLOYER RECOMMENDATION FORM

Applicant's Name: _____

SS# _____ **TELEPHONE NUMBER** _____

The employee named above is applying for an Automotive Oil Change Association Scholarship. Please evaluate this employee on the form below and provide any additional comments that you think are important regarding the applicant's personal qualities.

You may use the space below and over for comments. After completing the form, please return to:

AOCA Scholarship Program
C/O SPA
PO Box 23737
Nashville TN 37202-3737

Form may be faxed to:
615-523-7100

AOCA Employer's Name: _____

AOCA Member number and Company name: _____

AOCA Member Company Address _____

AOCA Member Company Phone Number _____

How long have you known this employee: _____

When did this employee start employment with your company? MM/YR ____/____

Characteristics	Below Average	Average	Above Average	Excellent
Trustworthiness				
Responsibility				
Customer Service				
Technical Ability				
Works Under Pressure				

Comments: