RICK PERKINS MEMORIAL SCHOLARSHIP

DEADLINE MARCH 19

THE GMTA MEMORIAL SCHOLARSHIP AWARD IS DEDICATED TO THE MEMORY OF RICK PERKINS, A FORMER GMTA SAFETY MANAGEMENT COUNCIL LEADER AND DIRECTOR OF THE GEORGIA TRUCK DRIVING CHAMPIONSHIPS. THIS TRIBUTE IS IN RECOGNITION OF HIS YEARS OF DEDICATION AND LEADERSHIP AS A DRIVING INSTRUCTOR AT CARROLL TECHNICAL INSTITUTE, ACTIVE PARTICIPATION IN THE SAFETY COUNCIL, AND CONTRIBUTIONS TO HIGHWAY SAFETY AND THE TRUCKING INDUSTRY. THE ANNUAL SCHOLARSHIP WILL PROVIDE \$1,000 TO FURTHER EDUCATION TO AN ELIGIBLE CHILD OR GRANDCHILD OF A PARTICIPANT IN THE GEORGIA TRUCK DRIVING CHAMPIONSHIPS. THE AWARD WILL BE PAID TO ANY TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY OF THE RECIPIENT'S CHOICE.

RICK PERKINS MEMORIAL SCHOLARSHIP AWARD

TO BE ELIGIBLE THE APPLICANT'S MUST:

- Be the child or grandchild of a driver registered to compete in the Georgia Truck Driving Championships
- Be a high school junior or senior and planning to attend either a technical school, public or private college or within two (2) years of the submission of this application
- Have a high school grade point average of 3.0 (B) or higher
- Applications must be received by March 19

THESE ITEMS MUST ACCOMPANY THE SCHOLARSHIP APPLICATION:

- A high school transcript or GED equivalent
- 1,000 word essay from the applicant on: "What safe driving means to my family, my community and me."
- Two (2) letters of reference from non-family members
- A current copy of your motor vehicle driving record (MVR)
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Applicant's Name:		Telephone Number			
Address:					
(Street)		(City)	(State)	(Zip Code)	
Applicant's Date of Birth:	Graduation Date	Soc	cial Security Number_		_
High School Attending:		Telephone Number			_
(Street)		(City)		(Zip Code)	
Grade Point Average:	_Principal's Name		Counselor's Name		
University or College Expected to	Telephone Number			_	
Address:					
(Street)	Ha a Va Baa	(City)	(State)	(Zip Code)	N.I
Expected Enrollment Date:	Have You Beel	n Accepted?	Yes (attach accepta	ance letter)	. NO
Parent/Grandparent Name:			_Telephone Number_		_
Company:	Years of S	ervice	Telephone Number_		_
Company Address:					
(Street) Company Safety Manager:		(City)		(Zip Code)	
Please List High School Activities:					
Other Activities (Church, Sports, I	Hobbies Jobs etc.):				
Carlot Activities (Cital Cit, Sports, 1					