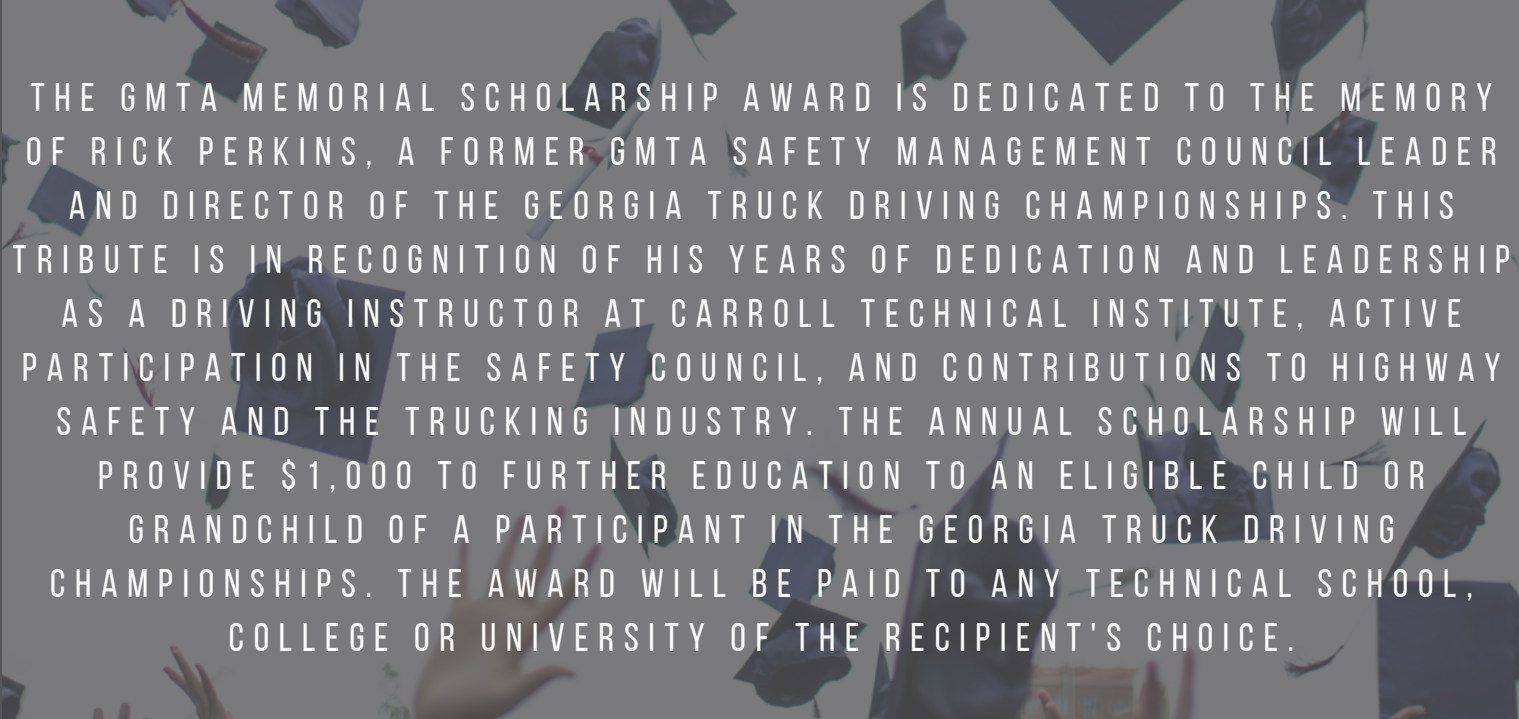




# RICK PERKINS MEMORIAL SCHOLARSHIP

**DEADLINE MARCH 29**



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 current 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 29

## 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 _____		Social Security Number _____	
High School Attending: _____				Telephone Number _____			
Address: _____							
(Street)		(City)		(State)		(Zip Code)	
Grade Point Average: _____				Principal's Name _____		Counselor's Name _____	
University or College Expected to Attend: _____				Telephone Number _____			
Address: _____							
(Street)		(City)		(State)		(Zip Code)	
Expected Enrollment Date: _____				Have You Been Accepted? ____ Yes (attach acceptance letter) ____ No			

Parent/Grandparent Name: _____				Telephone Number _____			
Company: _____				Years of Service _____		Telephone Number _____	
Company Address: _____							
(Street)		(City)		(State)		(Zip Code)	
Company Safety Manager: _____							

Please List High School Activities:


Other Activities (Church, Sports, Hobbies, Jobs, etc.): \_\_\_\_\_
