

**Kansas City  
Associated Equipment  
Distributors  
Scholarship Application  
2024**

**Please use this form as the official form for the application.**

### General Description:

The Kansas City Associated Equipment Distributors awards annual scholarships up to \$1,000 each, to up to four full-time students. Both men and women, attending a vocational/technical school, and pursuing a certificate or associates degree in Diesel Mechanics or Heavy Equipment Repair, are eligible to apply. The recipients will be chosen based on their interest in entering one of these fields of study, upon completion of their certificate or associates degree. Selection is based on the individual's general aptitude and personal traits that are conducive to success in these fields of study. To remain eligible the recipient must be enrolled full-time starting the fall semester of the year in which the scholarship is awarded. Once a student has completed the first year of school, they may re-apply for the scholarship for their second year, but must meet all qualifications.

### Eligibility Requirements:

- Applicant **must** be enrolled as full-time student (12 hour minimum per semester).
- Applicant **must** be enrolled for the fall semester for the year in which the scholarship is awarded.
- Applicant **must** be pursuing an associate of applied science degree or certificate in either Diesel Mechanics or Heavy Equipment Repair.
- Applicant **must** be in good academic standing with a minimum 2.5 high school cumulative GPA, or a GED minimum score of 260.

### Selection and Award of Scholarship:

- To be considered, applicant must have the complete application packet *postmarked* by the scholarship application deadline of **April 30, 2024**.
- The criteria used to evaluate applicants will be:

25% Essay	15% High School GPA
25% Short Answer Responses	15% Involvement and Activities
15% Attendance	5% References
3.0 GPA if enrolled previously in post-secondary institution	
- All applicants will be notified of the decision by the Kansas City Associated Distributors Scholarship Committee.
- Alternates will be selected and notified of this decision. In the event a student is unable to fulfill the requirement of full-time enrollment for the fall semester in the year the scholarship is awarded, the scholarship will be awarded to the next available applicant.
- The scholarship provides up to \$1,000 per year, which is paid directly to the student upon verification of full-time enrollment. The scholarship may be applied toward the cost of tuition, fees, books, tools and/or other cost associated with the recipient's education.

### Regulations for Renewal of Scholarship:

- Student may renew the scholarship only twice, for a total award of up to \$2,000, over a two-year period.
- The student must have a 3.0 GPA in their post-secondary class work.
- The student must be in good standing with their current school.
- Students applying for the second time will need to submit the renewal application and consideration will be given. The KCAED Scholarship Committee has the right to deny the renewal of any applicant.

### Application Procedures:

Deadline for application to assure consideration for the next academic year is **April 30, 2024**. Applicants must follow the procedures outlined below, and consideration will not be given to any application if the below steps are not completed as specifically stated. All applicants will be notified of the decision made by the KCAED Scholarship Committee.

- Complete the Scholarship Application on page 4 of this document.
- Fill out all short-answer questions on page 5-6 of this document.
- Attach the required essay (750-1000 words) included on page 6 of this document.
- Forward a copy of your high school or college transcript or official GED score to the KCAED Scholarship Committee. Or a copy of college transcript if enrolled in college.
- Include one letter of recommendation from each category:
  - Personal
  - Counselor or former teacher/professor
  - Previous Employer (if applicable)
- The applicant and appropriate school official (s) must sign the scholarship application.
- Finally, all additional pages that are included in the application must include the full name of the applicant in the upper right hand corner.

Application and Transcript should be sent to:  
Kansas City Associated Equipment Distributors  
Attention: Jennifer Orr  
P.O. Box 419264  
Kansas City, MO 64141-6264  
Email: [jorr@westerneda.com](mailto:jorr@westerneda.com)  
Questions? Please Call: 800-762-5616

### Expectations of Scholarship Recipients:

1. Be enrolled full-time at a technical or vocational school and successfully complete an associate or certification in Diesel Mechanics or Large Equipment Repair.
2. Maintain a 3.0 GPA while completing this program.

In submitting this application, the applicant or applicant's legal guardian grants authority for the release of information contained in the application packet to their chosen vocational or technical school.

To assure consideration, application and all listed information must be *postmarked* by **April 30 2024**. Kansas City Associated Distributors is an equal opportunity organization and encourages applications from all individuals.

# KCAED Scholarship Form

(Please return by **April 30, 2024**)

On all additional attached sheets please include your complete name in the top right hand corner.

## Section One: Personal/ Demographic Information ( required of all applicants)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Click One: M or F

High School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduation date: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Counselor's Phone Number: \_\_\_\_\_

Name of Post-Secondary School you plan to attend: \_\_\_\_\_

Degree that will be pursued at above school: \_\_\_\_\_

Address of Post-Secondary School: \_\_\_\_\_  
\_\_\_\_\_

## Section Two: Verification of Academic Records (to be filled out by High School Counselor)

High School GPA: \_\_\_\_\_ College GPA if applicable: \_\_\_\_\_

Ranking in Graduating Class: \_\_\_\_\_ out of: \_\_\_\_\_

Attendance %: 9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12th \_\_\_\_\_

If from the State of Missouri, is your school currently an A+ certified school? (please check one)

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, is this student currently qualified for A+ funding? (please check one)

Yes \_\_\_\_\_ No \_\_\_\_\_

I affirm that all the information provided above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section Three: Activities (feel free to attach additional pages for more space)**

1. List all career experience pertaining to diesel and heavy equipment repair. (Include work experience and any classes taken.)

2. List all extracurricular activities that you have participated in and positions held, if applicable.

**Section Four: Short Answer (Answer questions to the best of your ability; additional pages may be added.)**

1. Please explain the reason for your interest in pursuing a post-secondary education in diesel or heavy equipment repair.

2. Please explain your career goals, in detail, after you graduate.

**Section Four: Short Answer (Continued)**

3. What companies are you interested in working for after you graduate?

4. Upon graduation, where (state/country) would you like to work?

**Section Five: Essay**

In 750-1,000 words, please explain why you feel you should receive this scholarship, and how you would use the scholarship, if awarded. (Please type this section and include as an attachment.)

**Section Six: Certification**

I certify that the answers I have given on this application are accurate to the best of my knowledge. I understand that furnishing false information may result in not being considered or revocation of scholarship. I have read and understand the rules and regulations on pages 2 and 3 of this scholarship application.

By signing below, I give Kansas City Associated Equipment Distributors (KCAED) the authority to verify enrollment at my stated College or University if I am awarded a scholarship.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_