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For questions, please contact Lauren Herbert at [laurenh@cdaweb.net](mailto:laurenh@cdaweb.net).

First Name \*

Last Name \*

Phone Number (e.g. 555-555-5555) \*

## SUPERVISOR DETAILS

Supervisor Name \*

Supervisor Title \*

Supervisor Email \*

Supervisor Phone Number (e.g. 555-555-5555) \*

As you answer the following questions, consider your experiences, goals, and what this scholarship would mean to you. Your responses will provide the judges with valuable insights.

Please limit each response to 300 words and do not reference your company name in your responses.

1) How will gaining a CDL change your life? \*

2) What unique qualities do you possess that set you apart as an applicant for this scholarship? \*

3) What are your goals after earning your CDL? \*

4) How would you rate your ability to handle unexpected situations, including while driving on the road? \*

Please Select

5) How would you rate your ability to follow protocols, regulations and directions? \*

Please Select

6) How would you rate your ability to provide excellent service to the company's customers? \*

Please Select

Are you committed to two years with your employer post obtaining your CDL? \*

☐ Yes    ☐ No

I am willing to provide CDA with periodical check-ins regarding the progress of my CDL program. \*

☐ Yes  
☐ No

By submitting your application, you grant CDA permission to publish your name, photo, and essay in any promotional or marketing materials related to this scholarship. In addition, you understand that any incomplete, fraudulent, or inaccurate applications, or applications that do not comply with all instructions, may be disqualified. \*

☐ I agree.