Ray Foley Memorial Scholarship

SAVE & LOGOUT

THANK YOU FOR YOUR INTEREST IN ONE OF FOUR \$5000 SCHOLARSHIPS AVAILABLE THROUGH THE RAY FOLEY MEMORIAL SCHOLARSHIP PROGRAM. IF YOU HAVE QUESTIONS, CONTACT LAUREN HERBERT AT <u>LAURENH@CDAWEB.NET</u>.

First Name *		
Last Name *		
Email *		
Phone Number (e.g	J. 555-555-5555) *	
Address		
Address Line 1 *	Address L	ine 2
City *	State/Region *	Zip/Postal Code
	Please Select	
Country *		
United States		
Date of Birth *		
What CDA Member	Company are you co	onnected to? *
How are you conne	cted to the CDA Mem	nber Company? *

Please provide the employee's first and last name. If applying for yourself, please enter your information in the fields below. *

Please provide the employee's job title. *

Please provide the employee's email. *

Is the employee of the CDA distributor member company employed at a distribution location (i.e. not retail or other non-distribution locations)? *

 \bigcirc Yes

 \bigcirc No

Please provide the first and last name of the employee's supervisor. *

Please provide the email of the employee's supervisor. *

Status *

- \bigcirc Senior in High School
- O Enrolled in College
- \bigcirc Other (explanation required)

Please confirm you will be enrolled full-time in an undergraduate or graduate program at an accredited college or university for the 2025-2026 school year. *

Please Select

NEXT >>

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College Name *	
Major (if decided)	
Student ID # (if unknown, type 0))*
GPA *	

To confirm your GPA, please upload a copy of your transcript (can be an unofficial copy). If you are a current college student, please upload your most recent college transcript. If you are an incoming freshman, please upload your high school transcript.

Transcript Upload (required)*

(none) UPLOAD

SAT Score

ACT Score

Please include all volunteer activities, as well as the average hours per month you typically spend volunteering. *

Please include all extracurricular activities (including sports, clubs, jobs, etc.). For each activity, please include the average hours per month. *



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PERSONAL ESSAY

In 1,000 words or fewer, please share what receiving this scholarship would mean to you and why you believe you are a deserving candidate. You might consider highlighting aspects such as academic achievements, community service, or financial need to help our judges understand your unique qualifications and story. Please let us know if the convenience distribution industry has impacted you or if you're interested in a career in this industry. Note: Please do not use your name or any industry company names in the essay. *

Please include a short bio (250 words or less) *

APPLICANT RECOMMENDATION

You are required to have two recommendation forms completed by individuals who can speak to your personal qualities, traits, and achievements. These recommenders should be people from your life **(not family members)** who know you well and can provide a well-rounded perspective on your character and accomplishments. Please input the names and emails of your two recommenders below.

When you add your recommenders, please ensure their first name, last name, and email address are spelled correctly. Your recommenders will be provided a link to which they will submit their recommendation. Please let your recommenders know an email invite will be coming from <u>noreply@reviewr.com</u>.

You can track your recommenders in your submission portal in the supplemental forms tab. New and Incomplete status means they haven't submitted yet. Ready status means they have fully submitted their recommendation. You are responsible for ensuring that your recommendation forms are submitted by the application deadline.

Ra	y Foley	/ Reference	#1
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First *	Last *	
Email Address *		
How do you know the rec	ommender? *	
Ray Foley Reference #2		
First *	Last *	
Email Address *		
How do you know the rec	ommender? *	
<]	

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