



ADAPTIVE DRIVING ALLIANCE CDRS SCHOLARSHIP AWARD Application / Nomination Form



Name: _____ Phone Contact: _____

E-Mail: _____ Employer: _____

Professional Background: _____

Are you an ADED member? Yes No Number of Years: _____

Are you a Certified Driver Rehab Specialist (CDRS)? Yes No

If no, do you plan to take the exam this year? Yes No

Does your present or future employment depend on maintaining your CDRS? Yes No

Have you ever received outside funding/sponsorship? Yes No

If yes, thru whom? _____ And when? _____

Are there other Driver Rehab Professionals at your facility? Yes No

If yes, how many? _____

How many hours per week are you involved with the driving program? _____

Do you evaluate _____, train _____, or both _____?

How many other driving programs service your general area? _____

What type of support will your employer provide for attending this course/conference? _____

Will you be on salary while attending course/conference? Yes No

How much can you contribute to your conference expenses? \$ _____

List contributions made in the driving profession or to ADED: _____

What are your reasons for requesting funding assistance? _____

Any additional information you wish the committee to consider _____

Mail completed application to: ADED Scholarship Committee
2425 N. Center St., #369
Hickory, NC 28601
FAX; (828) 855-1672

Local Adaptive Driving Alliance Dealer Information

Company Name: _____ **Phone:** _____

Address: _____ **Referring Person:** _____

Position @ Dealership: _____

As a local ADA Dealer in need of quality Driver Evaluators to better serve my customers, I recommend the above evaluator receive the Adaptive Driving Alliance Scholarship Award to attend the August 2010 ADED conference and take the certification test to become a CDRS.

Signed: _____