



Scholarship

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ProgrUm

2019



COPIER DEALERS ASSOCIATION

ABOUT THE PROGRAM

2005 was the first year the CDA Scholarship Foundation was able to award grants to qualifying children of the CDA Membership. Since its inception, we have been able to increase the amount awarded every year. This year, we expect to continue the program and are hopeful that we will have more contributing sponsors.

The CDA Scholarship Foundation welcomes applications from member-employee children and will award meaningful scholarship grants that demonstrate a need for assistance through the Federal Government FAFSA Application.

In addition, the CDA Scholarship Committee will select one Merit Candidate to receive the "G\J\Xg: Ua]m AYf]h'5k UfX"™. This award will be given annually to a graduating high school senior who has a superior academic record and has demonstrated real interest in a business career.

For more information, please contact the CDA through your company's Human Resources Department or Dolores Coppola via email at DCoppola@myLDI.com or via postal mail at:

CDA Scholarship Program
Dolores Coppola
50 Jericho Quadrangle
Jericho, NY 11753



COPIER DEALERS ASSOCIATION

About the CDA

The CDA consists of approximately 80 successful business owners from the United States, Canada, and Europe who come together to pool business knowledge and share business strategies. Originally, the respective member companies dealt primarily with the copier industry, but today, topics include connectable products, document imaging, network support, and much more. CDA has earned a national and international reputation as being comprised of the most successful business owners representing products and services on the leading edge of business technology.

CDA is a vehicle through which the exchange of ideas and concepts works for the improvement of all its members. It provides members with a resource network for finding solutions to today's business challenges and for comparing financial benchmarks on a dealer-dealer level. Since CDA operates on a geographically exclusive basis, members can openly discuss business strategies and execution methods. CDA also invites several guest speakers to each meeting, ranging from industry analysts and marketing experts to specialists in business management, health insurance and legal issues.



**COPIER
DEALERS
ASSOCIATION**

The questions in this form are designed to collect information about your background, your interests, and *your* plans. Your answers to these questions will be used only in connection with your application in this Student Aid program and will be divulged only to qualified persons who must see them in the course of their duties.

Please use a black pen and write legibly. Do not use pencil.

YOU - APPLICANT

1. Name in full (please print) _____
(last) (first) (middle)

2. Permanent home address _____
(street and number) (town/city) (state) (zip)

3. Home telephone or number where you can be reached _____ Cell number _____

4. Email Address _____

5. If your mailing address is different from your permanent home address, please fill in the next two lines

Present mailing address _____
(street and number) (town/city) (state) (zip)

Present mailing address is effective until _____
(date)

6. Date of Birth _____ Age last birthday _____
(month) (day) (year)

7. Place of birth _____
(town/city) (state) (country)

8. Citizenship: US _____ Other _____
(please name country)

YOUR FAMILY

1. CDA Member Parent's Full Name _____

2. CDA Member Parent's Home Address _____

3. CDA Member Parent's Occupation: Be specific. _____

4. Name of CDA member organization for which he/she works _____

5. Address of CDA member organization for which he/she works _____

6. Telephone number of CDA member organization for which he/she works _____

7. Name of parent or guardian who supports you _____

8. If you have listed the name of someone other than your father or mother as the person who supports you, please give the following information about him/her:

Address: _____

Relationship to you _____ Occupation _____

YOUR SCHOOLING AND ACTIVITIES

1. List in chronological order all schools attended in the last five years.

Name of School	Location	Dates of Attendance

2. List your extracurricular activities (not more than 4 and excluding jobs) during the past three years, in order of their interest for you. (Example: student government, dramatics, athletics, debating, publications, orchestra, Boy or Girl Scouts, 4-H Club, Red Cross, church groups, etc.)

Activity	Position held

3. List any distinctions you have won, scholastic or otherwise _____

4. List work and vacation experience during the past three years.

		Activity or Job	Employer	Total Amount Earned
9th grade	School Year			
	Summer			
10th grade	School Year			
	Summer			
11th grade	School Year			
	Summer			

5. State briefly how you would plan to spend this coming summer. If you plan to work, how much do you expect to earn?

YOUR COLLEGE OR OTHER EDUCATIONAL PLANS

1. To which colleges or institutions have you made application? List in order of preference.

Name	Address	Course (Major)	If you have been accepted, check

2. If one of the above schools is within commuting distance, do you plan to live at home? _____
 live at school? _____

3. Have you completed or are planning to compete in any national, state or other scholastic contests?

Name	Result, if known

4. (a) Have you applied for financial aid? Yes No
 If yes, please indicate:

Institution	AmountPI

(b) If not, why not? _____

5. If you are only applying as a Merit Candidate to receive the "Shields Family Merit Award" please check here _____

REQUIRED ESSAY

Please provide a 500 word essay describing your future goals and what might set you apart from other potential applicants. All applications must include a completed FAFSA form. Incomplete applications will NOT be considered.

Please check carefully to make sure that you have answered this questionnaire completely.

_____ Date _____ Applicants Signature

DEADLINE FOR APPLICATION SUBMISSION: Friday, MAY 10, 2019
 Please send completed application to: CDA Scholarship Program
 via email: DCoppola@myLDI.com
 via fax: 516.496.4595 Attn: Dolores Coppola
 via mail: CDA Scholarship c/o LDI 50 Jericho Quadrangle, Jericho NY 11753
 Attn: Dolores Coppola

44. Student's 2016 Additional Financial Information (Enter the combined amounts for you and your spouse.)

- a. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040—line 50 or 1040A—line 33. \$
- b. Child support paid because of divorce or separation or as a result of a legal requirement. **Don't include** support for children in your household, as reported in question 95. \$
- c. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. \$
- d. Taxable college grant and scholarship aid **reported to the IRS as income**. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. \$
- e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. **Don't include** untaxed combat pay. \$
- f. Earnings from work under a cooperative education program offered by a college. \$

45. Student's 2016 Untaxed Income (Enter the combined amounts for you and your spouse.)

- a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits). \$
- b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17. \$
- c. Child support received for any of your children. **Don't include** foster care or adoption payments. \$
- d. Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b. \$
- e. Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). **Exclude rollovers**. If negative, enter a zero here. \$
- f. Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). **Exclude rollovers**. If negative, enter a zero here. \$
- g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Don't include** the value of on-base military housing or the value of a basic military allowance for housing. \$
- h. Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$
- i. Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. **Don't include** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. \$
- j. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement. \$

See Notes page 9.

Step Three (Student): Answer the questions in this step to determine if you will need to provide parental information. Once you answer **"Yes" to any** of the questions in this step, skip Step Four and go to Step Five

- 46. Were you born before January 1, 1995? Yes 1 No 2
- 47. As of today, are you married? (Also answer "Yes" if you are separated but not divorced.) Yes 1 No 2
- 48. At the beginning of the 2018-2019 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)? Yes 1 No 2
- 49. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? Yes 1 No 2
- 50. Are you a veteran of the U.S. Armed Forces? Yes 1 No 2
- 51. Do you now have or will you have children who will receive more than half of their support from you between July 1, 2018 and June 30, 2019? Yes 1 No 2
- 52. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2019? Yes 1 No 2
- 53. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court? Yes 1 No 2
- 54. As determined by a court in your state of legal residence, are you or were you an emancipated minor? . . . Yes 1 No 2
- 55. Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence? Yes 1 No 2
- 56. At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? Yes 1 No 2
- 57. At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? Yes 1 No 2
- 58. At any time on or after July 1, 2017, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? Yes 1 No 2

Step Five (Student): Complete this step only if you (the student) answered "Yes" to any questions in Step Three.

95. How many people are in your household?

Include:

- yourself (and your spouse),
- your children, if you will provide more than half of their support between July 1, 2018 and June 30, 2019, even if they do not live with you, and
- other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between July 1, 2018 and June 30, 2019.

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96. How many people in your (and your spouse's) household (from question 95) will be college students between July 1, 2018 and June 30, 2019? Always count yourself as a college student. Do not include family members who are in U.S. military service academies. Include others only if they will attend, at least half-time in 2018-2019, a program that leads to a college degree or certificate.

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At any time during 2016 or 2017, did you (or your spouse) or anyone in your household (from question 95) receive benefits from any of the federal programs listed? Mark all that apply. Answering these questions will NOT reduce eligibility for student aid or these programs. TANF has different names in many states. Call 1-800-433-3243 to find out the name of your state's program. If you (or your spouse) or anyone in your household receives any of these benefits after filing the FAFSA but before December 31, 2017, you must update your response by logging in to **fafsa.gov** and selecting "Make FAFSA Corrections."

97. Medicaid or Supplemental Security Income (SSI) 98. Supplemental Nutrition Assistance Program (SNAP) 99. Free or Reduced Price School Lunch 100. Temporary Assistance for Needy Families (TANF) 101. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

102. As of today, are you (or your spouse) a dislocated worker? **See Notes page 10.** Yes ¹ No ² Don't know ³

Step Six (Student): Indicate which colleges you want to receive your FAFSA information.

Enter the six-digit federal school code and your housing plans for each college or school you want to receive your FAFSA information. You can find the school codes at **fafsa.gov** or by calling 1-800-433-3243. If you cannot obtain a code, write in the complete name, address, city and state of the college. If you want more schools to receive your FAFSA information, read **What is the FAFSA?** on page 2. All of the information you included on your FAFSA, *with the exception of the list of colleges*, will be sent to each of the colleges you listed. In addition, all of your FAFSA information, *including the list of colleges*, will be sent to your state grant agency. For federal student aid purposes, it does not matter in what order you list your selected schools. However, the order in which you list schools may affect your eligibility for state aid. Consult your state agency or **StudentAid.gov/order** for details.

				HOUSING PLANS	
103.a	1ST FEDERAL SCHOOL CODE [][][][][][][]	OR	NAME OF COLLEGE ADDRESS AND CITY	STATE [][]	103.b on campus <input type="radio"/> 1 with parent <input type="radio"/> 2 off campus <input type="radio"/> 3
103.c	2ND FEDERAL SCHOOL CODE [][][][][][][]	OR	NAME OF COLLEGE ADDRESS AND CITY	STATE [][]	103.d on campus <input type="radio"/> 1 with parent <input type="radio"/> 2 off campus <input type="radio"/> 3
103.e	3RD FEDERAL SCHOOL CODE [][][][][][][]	OR	NAME OF COLLEGE ADDRESS AND CITY	STATE [][]	103.f on campus <input type="radio"/> 1 with parent <input type="radio"/> 2 off campus <input type="radio"/> 3
103.g	4TH FEDERAL SCHOOL CODE [][][][][][][]	OR	NAME OF COLLEGE ADDRESS AND CITY	STATE [][]	103.h on campus <input type="radio"/> 1 with parent <input type="radio"/> 2 off campus <input type="radio"/> 3

Step Seven (Student and Parent): Read, sign and date.

If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your college if you default on a federal student loan and (5) will not receive a Federal Pell Grant from more than one college for the same period of time.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that **the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.** If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by that username and password and/or other credential, and have not disclosed that username and password and/or other credential to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

104. Date this form was completed

MONTH	DAY	2017 <input type="radio"/>
[][]	[][]	2018 <input type="radio"/>
		2019 <input type="radio"/>

105. Student (Sign below)

1

Parent (A parent from Step Four sign below.)

2

If a fee was paid to someone for advice or for completing this form, that person must complete this section.

Preparer's name, firm and address

106. Preparer's Social Security Number (or 107)

[][][]	-	[][]	-	[][][][][]
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107. Employer ID number (or 106)

[][]	-	[][][][][][][]
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108. Preparer's signature and date

1

COLLEGE USE ONLY

- D/O ¹ Homeless Youth Determination ⁴

FEDERAL SCHOOL CODE

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FAA Signature

1

- DATA ENTRY USE ONLY: P * L E