



Kupper Automotive

Tuition Reimbursement Program

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE
NUMBER:

DATE OF BIRTH:

EMAIL ADDRESS:

ARE YOU A UNITED STATES CITIZEN OR PERMANENT RESIDENT OF THE UNITED STATES OF AMERICA? YES
NO

EDUCATION

List your *previous* school:

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

GRADUATED: YES
NO

YEAR GRADUATED:

List *any* Financial assistance you receive per semester or quarter:

What are your educational and professional goals and objectives?

List any academic honors, awards, and membership activities while in high school:

List your community service activities, hobbies, outside interests, and extracurricular activities:

For additional information contact **Terry Weszner**, Kupper Automotive Fixed Operations Manager

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