

Caltrans District 10 and The California Transportation Foundation
Transportation Scholarship Application



Applicant's Name:	Phone:
Address:	Email:
High School Currently Attending:	Most Recent G.P.A.: (Attach Transcript)

Transportation Career of Choice
 1st. Choice: _____ 2nd. Choice: _____

Family Information Father's Name:	Occupation Employer:	Mother's Name:	Occupation Employer:
--------------------------------------	-------------------------	----------------	-------------------------

Other family members living in the same house: Age: _____ Dependent _____ Relationship to Applicant: _____ () Yes () No Age: _____ Dependent _____ Relationship to Applicant: _____ () Yes () No Age: _____ Dependent _____ Relationship to Applicant: _____ () Yes () No Age: _____ Dependent _____ Relationship to Applicant: _____ () Yes () No Age: _____ Dependent _____ Relationship to Applicant: _____ () Yes () No	How do you plan to finance your education?: _____ _____ _____ _____ Will you be receiving any other financial assistance?: () Yes () No _____ _____ _____ _____
---	--

Academic History List the school activities in which you currently or have previously participated (Student government, extracurricular, athletic, etc.): _____ _____ _____ _____	Community Involvement/Activities List community activities in which you have been involved (4-H, volunteering, scouting, etc.): _____ _____ _____ _____
---	---

Special Recognition (Honors, prizes, scholarships, etc.): _____ _____ _____	Job History (Paid and volunteer including dates for the last five years): _____ _____ _____ _____
---	--

ATTACH YOUR ESSAY:

Essay subject matter: Include a self-description and answer the question: Why you would like to pursue a career in the transportation field?
 (Minimum 500 words, maximum 750 words, typed and double spaced).

I certify that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification. I authorize any organization or educational institution identified on this application to release to the California Department of Transportation, District 10, any information concerning this application.

Applicant Signature: _____	Date: _____	Parent or Guardian Signature: _____	Date: _____
----------------------------	-------------	-------------------------------------	-------------



RETURN YOUR COMPLETED APPLICATION AND TRANSCRIPT BY **FEBRUARY 28, 2017** TO:

Public Information Office
 Caltrans, District 10
 P.O. Box 2048
 Stockton, CA 95201
 Attn: Scholarship Processing



Good Luck!