

SCHOLARSHIP APPLICATION

Eligibility: Each applicant shall be a vocational student enrolled full-time in the **Lone Star Truck Driving Academy.** (LSTDA) * For an application to be considered, the applicant must complete the application and submit it, together with any other information required by this application to LSTDA prior to the deadline for your prescribed start date. Please fully complete all information requested below. All answers should be typed or neatly printed in blue or black ink.

| Applicant Name: | i Information: | | |
|--------------------|---------------------|-----------------------|---|
| (First) | (Middle) | (Last) | |
| Address: | | | |
| (City, State | e, Zip Code) | | |
| Education | : | | |
| High Schoo | ol / GED | | |
| School: | | | (City, State, |
| Date of Gra | aduation: | (mm/yyyy) | |
| Employme | ent/Sponsor Inforr | nation: (optional) | |
| Name of E | mployer/Sponsor: | | |
| Communi | ty Service or Invol | vement: | |
| when you p | | t your involvement en | -curricular activities that you have participated in tailed: (e.g. community or charitable organizations, |
| | | | |

| Financial Need | | | | |
|--|---------------------------|---------------|----------|---------------|
| Estimated Monthly Living Expenses: | | | | |
| Estimated Monthly Income: | | | | |
| Number of Children or Other Dependents: | | | | |
| Monthly Support from Parents or Other Far | nily Members: | | | |
| Please explain in the space provided below a consider relevant to your financial need for a so | | n that Lone S | Star Ao | cademy should |
| Recommendations | | | | |
| Applicants are encouraged to submemployers, and others in a position to compurpose, or other relevant qualifications. All red | ment on the applicant's | character, a | bility, | seriousness o |
| Please provide information in the sprecommendation on behalf of the applicant with | | erson who | will be | submitting |
| Recommender/Sponsor | | | | |
| (First) (Middle) (La | Phone | Email | | |
| (First) (Middle) (La | st) | | | |
| Relationship to Applicant: | | | | |
| Personal Statement: | | | | |
| Please explain below how the schol | arship award will bene | fit you and y | your ca | areer goals: |
| Applicant Certification: | | | | |
| I understand that upon review of this application am awarded a scholarship, I must submit all a qualifications established by LSA . I certify the and complete. | equired transcripts and r | reports and m | naintair | n the academi |
| Print Name | Applicant's Sig | gnature | | |
| Lone Star Academy Representative | | Date | _/ | _/ |
| | | | | |