THE TRAFFIC CLUB OF MEMPHIS EDUCATIONAL FOUNDATION
SCHOLARSHIP APPLICATION

P. O. Box 751781 Memphis, TN 38175-1781

(Postmark Deadline June 30)

Name: _____
First Middle Last

Phone: _____ _____
Cell Home/Other

Address: _____
Street City State Zip

Student ID# _____ Date of Birth: _____

Please **CIRCLE** what best describes your entering:
Semester: Fall – Spring – Summer of the year 20___. As a: Junior – Senior - Post-Grad

Declared Major: _____
Career Objective: _____
Hours anticipated taking during this scholarship year: _____ Spr _____ Fall _____ Sum
University or College you will be attending during this scholarship request:
Name: _____
Address: _____
Projected Graduation Date: _____ Current GPA: _____
How did you hear of our scholarship program? _____
_____

Name(s) of University/College attended:

	Name	City/State	Dates Attended	Grad Date
1.				
2.				
3.				
4.				

Other: Please list any work experience, internship(s), honors, awards or any other Traffic, Transportation or Logistical experience or information that may apply. Attach a separate sheet if necessary.

1. _____
2. _____
3. _____
4. _____

Please feel free to contact the following Scholarship Committee members if you need further information or assistance:
Dan Pallme, 2009-2010 Scholarship Chair- dpallme@comtrakinc.com
Marty Morelli, 2009-2010 President- mmorelli@abf.com
Ken Opperman/2009-2010 Sect/Treas. – kopperman@eaglegroup.com

***** YOU MUST INCLUDE YOUR MOST RECENT TRANSCRIPT OR REPORT CARD *****

I voluntarily give this information and certify that none of the information provided on this application is false nor have I willingly withheld any pertinent information. Furthermore, if I have knowingly withheld information, the Traffic Club of Memphis Educational Foundation has the right to rescind the scholarship and give the monies to another candidate or place back in the Foundation at the discretion of the Scholarship Committee. I give permission for this information to be given to appropriate committees so that they may recommend eligible recipients. If selected, I authorize my name to be released in the media and I will use the scholarship funds for educational purposes only.

_____ Date: _____
Signature of Applicant