

ISTWF Scholarship Program Application

Type or Print All Information, Except Signatures

Scholarship Applicant Information

Last Name _____ First Name _____ Middle Initial _____

Permanent Home Mailing Address:

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Phone: Home () _____ Mobile () _____

Date of Birth: Month _____ Day _____ Year _____

Email Address: _____

Relationship to INDOT employee: _____

Deceased INDOT Employee Information (Required)

Last Name _____ First Name _____ Middle Initial _____

Current parent/guardian information:

Last Name _____ First Name _____ Middle Initial _____

Phone: Home () _____ Mobile () _____

School Information (Required)

****Proof of enrollment MUST be attached to this application.**

School Name _____

School Address _____

Registrar/Bursar Phone () _____ () _____

School year enrolled for _____

The Indiana State Transportation Workers Foundation (ISTWF) Scholarship Committee has the sole authority to approve and/or deny Scholarship Program applications based on the criteria set forth in the Scholarship Program Policy. Once completed, this application becomes the property of the ISTWF. It is recommended that you keep a copy of all application materials for your files.

- *I certify that I have read and understand the eligibility and application process requirements set forth in the Scholarship Policy and that the information I have provided is complete and accurate to the best of my knowledge. If requested, I will provide additional verification of the information I have provided above. I understand that falsification of information may result in the termination of any Scholarship Program benefit granted. I acknowledge and agree that the ISTWF Scholarship Committee is solely responsible for determining eligibility for any Scholarship Program benefit(s) and that all decisions of the ISTWF Scholarship Committee are final. Additionally, my signature below grants the ISTWF permission to contact my school regarding distribution of any award given by the ISTWF.*

Applicant's Signature _____ Date _____