



TEAM Scholarship Application and Biographical Information:

The information received through this application will be used by the Transportation Engineers Association of Missouri Scholarship Committee to evaluate scholarship applicants and maintain contact information of applicants.

PLEASE PRINT THE FOLLOWING:

Name: _____
(Last) (First) (Middle)

Must answer Yes to one of the following two questions to be eligible for the scholarship.

Resident of Missouri? (Y/N) _____ Attending School in Missouri (Y/N) _____

E-mail Address _____

Address to mail check to, if awarded a scholarship:

Address 1: _____
(Street / P.O. Box)

Address 1: _____
(City) (State) (Zip)

Telephone Number (home or cell): _____

High School Graduation Date: _____

University Currently Attending: _____

Previous Universities (if any, including dates attended):

Major/Pursued Degree: _____ Expected Graduation Date: _____

Relevant Professional Experience (if any):

Honors and Awards:

Community and Civic Activities & Leadership Positions:

Other Activities, Clubs, Sports, etc, include Leadership Positions:

Career Objectives:

If additional space is needed, please use attached separate sheet(s) containing the added information to this form.

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I, the undersigned, certify the information provided on this form to be accurate and correct. I authorize the Transportation Engineers Association of Missouri to use the information provided in the preparation of news releases.

Date: _____ Signature: _____