



## 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) \_\_\_\_\_

Have you previously been a recipient of this scholarship (Y/N) \_\_\_\_\_  
If Yes, What year(s)? \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_



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: \_\_\_\_\_