



**CALIFORNIA DEPARTMENT OF TRANSPORTATION/CALIFORNIA
TRANSPORTATION FOUNDATION**

**2018 DISABILITY ADVISORY COMMITTEE SCHOLARSHIP
APPLICATION**

.....
SECTION A: (Please print or type)

NAME: _____
 LAST FIRST MI

CURRENT ADDRESS: _____
 STREET

 CITY STATE ZIP

E-MAIL ADDRESS: _____

.....
SECTION B: (Please print or type)

Permanent address: _____
 STREET

 CITY STATE ZIP

PHONE NUMBER _____
 AREA CODE NUMBER

.....
SECTION C: (Please print or type)

PERSONAL STATEMENT:

ATTACH TO THIS APPLICATION FORM. STATEMENT NOT TO EXCEED 500 WORDS.
.....

SECTION D: (Please print or type)

PERSONAL, COMMUNITY, AND OR SCHOOL AFFILIATIONS

List up to three activities in which you have participated and your type of participation (the role you played). This can include clubs, student government, etc.

(Use an additional page if necessary)

SECTION E: (Please print or type)

WORK EXPERIENCE

List all jobs you've had in the past three years (paid or volunteer): _____

(Use an additional page if necessary)

CAREER GOALS F: (note: you must still attach your personal statement)

RELATED FIELD OF STUDY:

SIGNATURE: _____ **DATE:** _____

If I am a scholarship recipient, I agree to meet the Disability Advisory Committee (DAC) at the Caltrans District Office in San Diego for the presentation of my scholarship. I understand any pictures or videos taken may be used for public relation purposes.

I also understand I am required to provide DAC a picture of myself holding my scholarship award that will be used by the California Transportation Foundation (CTF).

RETURN THE COMPLETED APPLICATION, WITH THE APPROPRIATE ATTACHMENTS, POSTMARKED NO LATER THAN April 30, 2018 TO:

DAC Scholarship
Attention: Chuck Anders
California Department of Transportation
4050 Taylor Street M.S. 311
San Diego, CA 92110