



Scholarship

For Independent Contractors, Employees and/or Their Dependent Children of Eligible Transportation and Logistics-Related Companies.

2018 Open Road Foundation Scholarship Application

A scholarship from the Open Road Foundation will be awarded in consideration of an applicant's academic achievements, community involvement and financial need. It is awarded for one year in an amount determined by the Foundation. It is valid for the academic year it is awarded and cannot be held over without the approval of the Foundation Board of Trustees. Applicant must be an independent contractor or employee (or a dependent) at an eligible transportation or logistics-related company. Deadline for entry is July 6, 2018.

1. Personal Data

Name _____ Social Security No. _____

Permanent mailing address _____

City _____ State _____ Zip _____

Telephone number (_____) _____ E-Mail Address _____

Date of Birth _____ Age _____ Single _____ Married _____ No. of Dependents _____

How are you affiliated with an eligible company: _____ Employee _____ Contractor _____ Dependent Company: _____

Supervisor's Name: _____ Title: _____

Supervisor's Phone: (_____) _____ x _____

2. School History

High School _____ City: _____

Year of High School Graduation _____ Cumulative Grade Point Average ____ on a ____ scale

ACT score _____ and/or SAT score _____

Name of College or University attended _____

Years of College Completed _____ Grade Point Average ____ on a ____ scale (if applicable)

Major: _____ Minor: _____
(if applicable)

Activities, Awards and Honors (List on a separate sheet if needed.)

Should you be awarded a scholarship, please provide all college/university contact information where the

funds should be sent. Univ.: _____ Phone: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Check if applicable: ____ trade school ____ correspondence ____ online ____ other

3. Additional Information

Hobbies and recreational interests: _____

Have you ever been arrested? _____ If yes, attach a full explanation of arrest.

If you are a dependent of an eligible employee or contractor, list your:

Father's Name _____ Occupation: _____

Father's Address _____

Mother's Name _____ Occupation: _____

Mother's Address _____

Number of Dependents other than applicant at home: _____

Estimated annual family income \$ _____

Estimated annual family income from non-custodial parent, if applicable: \$ _____

List the type and amount of any other financial aid you are or will be receiving: _____

MAIL TO

Open Road Foundation • P.O. Box 92777 • Southlake, Texas 76092
For questions please call (214) 205-7495

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www.openroadfoundation.com

