

# Application for Foundation Scholarships

Drivers, dock workers, mechanics, office personnel - they are among the thousands of people each day who contribute to a strong, efficient motor transportation industry in Kansas.

Many of these individuals are pursuing studies toward a higher education. The Kansas Motor Carriers Association Foundation would like to help some of these students in their efforts by providing scholarships to those seeking higher education (college, community college, vocational/technical training) in a transportation related field.

Scholarship recipients will be selected based on their academic achievement, community involvement and financial need. The Foundation will provide financial assistance in the sum of \$1,000 per academic year for college and trade school students. Scholarships may be used to meet such expenses as tuition, books, and housing.

The KMCA Foundation is a non-profit educational, public relations, research and community service organization created by the Kansas Motor Carriers Association to promote the trucking industry to the people of Kansas. KMCA represents more than 900 truck lines and allied industries operating in Kansas.

**Eligibility:** Applicants must be high school graduates or seniors. They must also be attending school full-time, 12-hours per semester at a college, community college, or vocational college in Kansas. Applicants, including previous KMCA Foundation Scholarship recipients may apply each qualifying year.

**Application:** A student seeking a scholarship should complete the attached application form and send it to the KMCA Foundation along with a recent professional photograph (photocopies will not be accepted) with your name and current year on the reverse side, a certified copy of your year-end transcript, one to three letters of recommendation and an accompanying letter of intent. This letter should include information on current and planned studies, career goals, interests, and the reason for applying for the scholarship. A checklist is provided to the right.

**Deadline:** Applications must be received by close of business **May 6, 2022** for consideration in scholarships for the 2022-2023 academic year. There will be NO EXCEPTIONS. It is the applicant's responsibility to complete all requirements. Incomplete applications will not be processed.

**Applications will not be permitted by fax or email. Mail completed application to: KMCA Foundation P.O. Box 1673, Topeka, KS 66601**

**Selection:** The Board of Trustees is comprised of five members of KMCA. Scholarship recipients will be chosen by the Board of Trustees of the Kansas Motor Carriers Association Foundation and the scholarship funds will be sent directly to the recipient's school. Scholarship funds are mailed directly to the school listed on the application in early August and early January after verification of full-time enrollment. Funds will be equally divided between the Fall and Spring semester of the awarded school year.

**Notification:** Each applicant will receive a notification letter by mid-June.

## APPLICATION CHECK LIST

- **Completed Application**
- **Letter of Intent**
- **Official Year End Transcript**
- **1 to 3 Letters of Recommendation**
- **Recent Professional Photograph**

Mail completed application to:  
KMCA Foundation  
P.O. Box 1673  
Topeka, KS 66601



**DEADLINE: May 6, 2022**

**Please contact the KMCA office at 785-267-1641 with any questions.**

# 2022 KMCA Foundation Scholarship Application

A scholarship from the Kansas Motor Carriers Association 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 Board of Trustees.

## Personal Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Single: \_\_\_\_\_ Married: \_\_\_\_\_ No. Of Dependents: \_\_\_\_\_

Your affiliation with the transportation industry: \_\_\_\_\_

If you are not affiliated with the transportation industry, are you a dependent of someone who is? \_\_\_\_\_

Relative's name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

KMCA Member Company (if applicable): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Have you ever been convicted of a legal violation? \_\_\_\_\_ If yes, please explain on a separate page.

## Applicant's Employment Record (list most recent employer first)

<u>Date</u>	<u>Company Name</u>	<u>City</u>	<u>Supervisor</u>	<u>Applicant's position</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's income last year: \_\_\_\_\_ Spouse's income (if applicable): \_\_\_\_\_

Hobbies and recreational interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## School History

High School: \_\_\_\_\_ City: \_\_\_\_\_

Year of High School Graduation: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale

ACT Score: \_\_\_\_\_ and/or SAT Score: \_\_\_\_\_

Name of College/University/Trade School: \_\_\_\_\_

Years of College Completed: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_ on a \_\_\_\_\_ scale (if applicable)

Major: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

## Additional Information

If you are a dependent, list your:

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's address: \_\_\_\_\_

Number of dependents other than applicant living in the home: \_\_\_\_\_

Estimated annual family income: \_\_\_\_\_

Estimated annual family income from non-custodial parent (if applicable): \_\_\_\_\_

Other financial resources, assets, and savings your family may have in addition to their yearly income:

\_\_\_\_\_  
\_\_\_\_\_

List the type and amount of any other financial aid you are receiving:

\_\_\_\_\_  
\_\_\_\_\_

Should you be awarded a scholarship, please provide all college/university/trade school contact information where the funds should be sent:

University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Check if applicable: \_\_\_\_\_ Trade School \_\_\_\_\_ Correspondence \_\_\_\_\_ Online

\_\_\_\_\_ Other (please specify) \_\_\_\_\_