

HARVEY SHEBESTA SCHOLARSHIP AWARD APPLICATION

The following application for the Harvey Shebesta Scholarship Award can be completed electronically. Use F11 to tab between form fields. Once the form is complete, please print a copy and sign for submittal.

I. CONTACT INFORMATION

Name _____

HOME

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

E-mail Address _____

SCHOOL

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

E-mail Address _____

II. EDUCATION INFORMATION

	School Name	Dates Attended	Major	Month and Year of Graduation
HIGH SCHOOL				
1			-	
2			-	
UNIVERSITY/COLLEGE				
1				
2				
GRADUATE SCHOOL				
1				
2				

Current Academic Standing Freshman Sophomore Junior Graduate

Cumulative GPA _____

List any extracurricular activities in which you have participated. Indicate elected offices held and awards received.

a.) Student Activities (Professional Societies, etc.)

b.) Community Activities

c.) Other Non-Academic Activities

III. EMPLOYMENT HISTORY

Provide an employment history including full-time employment, summer employment, and other part-time employment. Briefly explain duties and responsibilities. Begin with your most recent job. Cut and paste the fields below for additional jobs as necessary.

EMPLOYMENT HISTORY 1

From _____ To _____
(Month / Year) (Month / Year)

Name of Firm _____

Type of Business _____

Mailing Address _____

City _____ State _____ Zip _____

Hours worked per week _____

Primary Duties

EMPLOYMENT HISTORY 2

From _____ To _____
(Month / Year) (Month / Year)

Name of Firm _____

Type of Business _____

Mailing Address _____

City _____ State _____ Zip _____

Hours worked per week _____

Primary Duties

IV. STATEMENT OF INTEREST

In the space below include a statement explaining why you are interested in pursuing a degree in transportation engineering, and outlining your educational and career objectives. This statement should be no longer than one page, double spaced.

V. CERTIFICATION

I certify that the information provided on this application is true and correct, and that this information may be used for the purpose of evaluation and selection of the Scholarship Award Recipient by the Wisconsin Section ITE Scholarship Committee. I have no spouse or immediate family member that is affiliated with the Wisconsin Section of ITE.

Signature_____

Date_____