

# Scholarship Application

## For Members of Truckers Service Association and their Dependents

### **2024 TSA Scholarship Application**

A scholarship from Truckers Service Association (TSA) 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 selection committee. It is valid for the academic year it is awarded and cannot be held over to the following academic year without the approval of the selection committee. Applicant must be a member of TSA or the dependent of a TSA member at the time of scholarship funding. Application must provide a cover letter of 2500 words or less describing why they believe they should be awarded a scholarship, including their area of study and chosen career field. **Deadline for application is July 12, 2024.** 

#### 1. Personal Data

Name	Social Security No.							
Mailing address								
City	State	Zip						
Telephone number ()_								
E-Mail Address								
		Married No. of Dependents						
How are you affiliated with Truc	kers Service Association (TS	SA)						
Member	Dependent of Member							
If you are a dependent of a TSA								
Member's name:		Relationship to Student:						
Member's phone:								
Member's Email Address:								

### 2. School History

High School	City:					
Year of High School Graduation	_					
Name of College or University						
Years of College Completed						
Major:	Minor:					
Activities, Awards and Honors (List on a s	parate sheet.)					
Should you be awarded a scholarship, pla	ease provide <u>all</u> college/university contact information where					
the funds should be sent.						
University:						
Address:	City:State:Zip:					
Please indicate type of school attending w	ith a check mark:					
Trade school 4-year Univ.	Jr. College Online/other					
3. Additional Information						
Hobbies and recreational interests:						
	? If yes, attach a full explanation of conviction.					
<u>Applicant's</u> employment record: (list mos	t recent employer first)					
Date Started Company Name	City Applicant's Position					
If you are a <i>dependent</i> , list your:						
Father's Name	Occupation:					
Mother's Name	Occupation:					
Number of Denerglants other there eventions						

Number of Dependents other than applicant at home:

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List the type a	and amount a	ot anv	other	tinancial	and	VOU are	receiving.
List the type a	ind annount	or uny	ounor	maneral	uiu	you ure	receiving.

MAIL TO Truckers Service Association • P.O. Box 92777 • Southlake, Texas 76092 For questions or more information please call (214) 205-7495 or e-mail billw@tsatruck.com

Deadline for Entry is July 12, 2024

WWW.TSATRUCK.COM

