



**Washington State
Department of Transportation**

Public Transportation Division

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WA Rural Transit Assistance Program (RTAP)

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Rural Transit Assistance Program Scholarship Application

Applicant Information

Applicant Name		Title	
Organization			
State Vendor Number or Federal ID Number			
Address		City	State
Phone		Email	
Zip			

Scholarship Information

Event or Training

Date(s) and City of Event or Training

Describe your organization's financial need and how your attendance at this training or conference will benefit your organization.

If you are a private system based in an urban area, describe how your agency serves rural communities.

Expenses Estimate

Please fill out the form below and **attach the following documentation**:

1. Registration A copy of the meeting or conference agenda and/or the receipt for your registration.
2. Mileage, if driving Screenshot from Google or Apple Maps showing driving distance
3. Airline Receipt or itinerary with estimated costs
4. Supplemental travel Parking, ferry, or other. Attach screen shot of estimate or receipt
5. Hotel/Lodging Please use the Office of Financial Management's [per diem rates](#)

Estimated Cost

Expense Categories	Estimate Expenses
Registration Fee	
Mileage (Total Miles) multiplied by \$0.67 per mile) Note: You are encouraged to use ridesharing opportunities or the least expensive mode of transportation.	
Airfare (Total Cost)	
Supplemental Travel: Shuttle, Parking, Ferry and Toll Costs	
Lodging Costs (Number of Nights multiplied by the Office of Financial Management (OFM) per diem rate)	
Total Estimated Expenses	

Next Steps

1. Application must be signed by the applicant
2. Application must be signed by the executive officer of the agency/organization
3. Scan the application and all documentation, merging them into a single PDF
4. Email your entire application packet to PTDInvoices@wsdot.wa.gov

Authorization

Applications are accepted by emailing a signed, scanned copy to PTDInvoices@WSDOT.WA.GOV

Applicant Signature: _____ Date: _____

Organization's Executive Officer Signature: _____ Date: _____