



Office of Equal Opportunity
Highway Construction Trades Scholarship Application

Please Print Clearly

Student Name: Last First Middle Initial

Address: Street Address City State Zip County

Telephone Number: () - - Veteran: Yes No

Social Security Number: - - Birthdate: - -

Sex: Male Female Email Address:

High School Diploma or GED: Yes No Highest Grade Completed:

Do you have a valid Washington State driver's license? Yes No
If no, do you have reliable transportation? Yes No

Tribal Affiliation (If applicable):

Ethic Origin (please check all that apply):

Form box containing checkboxes for African American, Alaskan Native, Asian, Caucasian, Hispanic, Native American, Pacific Islander, and Other.

Do you qualify for admission to the program you have selected? Yes No

What is the title of the program are you enrolled in, or will be enrolling in?

Program location _____

Provide a brief description of the program:

Date program will begin: ____/____/____ Date program will end: ____/____/____

What is the cost of tuition for the program? \$_____

What is the cost of other supplies required for program completion? (list item and its cost):

Have you ever been enrolled in a pre-apprenticeship or apprenticeship program? Yes No

If yes, which program? _____ Date Enrolled: _____ to _____

City/State: _____ Completion Date: _____/_____/_____

Have you taken any other Vocational Training or College Courses? Yes No

If yes, location: _____ Degree/Certificate Awarded: Yes No

Completion Date: _____/_____/_____

If yes, location: _____ Degree/Certificate Awarded: Yes No

Completion Date: _____/_____/_____

Are any of the following factors/barriers to your employment? Please check all that apply.

<input type="checkbox"/> Currently homeless	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Disability	<input type="checkbox"/> No High School Diploma/GED
<input type="checkbox"/> No Dependable Transportation	<input type="checkbox"/> Limited English
<input type="checkbox"/> Ex-Offender	<input type="checkbox"/> Limited Math Skills
<input type="checkbox"/> Child Care	<input type="checkbox"/> Other: _____

Professional References

Please provide the names of three professional references. These references should be people that have knowledge of your work goals, work or educational performance or other information that will help provide information about you that can be used during the application process.

Name/Title	Organization	Address	Phone number	Email address

Essay Questions

On a separate piece of paper, please answer the following question. Your response should be at least 500 words long, but no more than one page in length for each response.

1. How will this scholarship help you meet your goals of preparing for a job in the highway construction related trades?

Please answer **one** of the questions below. Your response should be a minimum of 500 words, but no more than one page in length.

1. Why are you interested in a career in the trades and why do you think you are suited for this work?
2. Talk about a person or event that influenced you to want to work in highway construction and the trades. How did they inspire to you pursue this career?

***Please attach a letter of enrollment or acceptance into the program that you wish to attend.**

I hereby certify under penalty of perjury, that to the best of my knowledge, all statements on this form are true and correct. I also acknowledge that the information that I have provided is maintained for reporting purposes only and that identifying information will not be disclosed.

Signature of Applicant

Date

To submit your application:

Please sign, print and scan a copy of the application, and email it to OJTSSinfo@wsdot.wa.gov

Or

Mail the application and all required attachments to:

WSDOT

c/o Amy Palo, OJTSS Coordinator

P.O. Box 47314

Olympia, WA 98504-7314

Americans with Disabilities Act (ADA) Information

This material can be made available in an alternate format by emailing the Office of Equal Opportunity at wsdotada@wsdot.wa.gov or by calling toll free, 855-362-4ADA(4232). Persons who are deaf or hard of hearing may make a request by calling the Washington State Relay at 711.

Title VI Notice to Public

It is the Washington State Department of Transportation's (WSDOT) policy to assure that no person shall, on the grounds of race, color, national origin or sex, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any of its federally funded programs and activities. Any person who believes his/her Title VI protection has been violated, may file a complaint with WSDOT's Office of Equal Opportunity (OEO). For additional information regarding Title VI complaint procedures and/or information regarding our non-discrimination obligations, please contact OEO's Title VI Coordinator at (360) 705-7082.