



## **Transportation Impact College Scholarship Application – 2021**

Croatan, East Carteret, Swansboro & West Carteret

Offering four \$2,500 scholarships to one senior at Croatan, East Carteret, Swansboro, and West Carteret.

Application submissions are due by:

**Noon, Tuesday, April 6th**

Please email your application to [walker.white@transimpact.com](mailto:walker.white@transimpact.com)

With the subject line: YOUR SCHOOL NAME – YOUR NAME-  
Scholarship Application





**Transportation Impact  
College Scholarship Application – 2021**

Full Name of Applicant: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

(mailing address – street or post office box)

\_\_\_\_\_  
(city, state, zip)

Mobile Number: \_\_\_\_\_

Parent's Mobile Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Name of high school from which you will graduate:

\_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

GPA \_\_\_\_\_ Weighted GPA (if different) \_\_\_\_\_ Class Rank (I.E. 20/1,500) \_\_\_\_\_

Date of awards ceremony: \_\_\_\_\_

**FAMILY**

Father's Full Name: \_\_\_\_\_ Is your father living? \_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Is your mother living? \_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

List brothers/sisters by name and age. Note if and where any currently attend college

Name

Age

College Attending

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Parents' Marital Status: (circle one) Single Married Separated Divorce Widowed

With whom do you reside? \_\_\_\_\_

**FINANCES**

Do you work during the school year? \_\_\_\_\_

If so, where do you work and what do you do? \_\_\_\_\_

How many hours a week do you work during the school year? \_\_\_\_\_

List summer working positions you have held \_\_\_\_\_

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Approximate annual family income:

- Below \$20,000 \_\_\_\_\_
- \$20,000-\$30,000 \_\_\_\_\_
- \$30,000-\$40,000 \_\_\_\_\_
- \$40,000-\$50,000 \_\_\_\_\_
- \$50,000-\$60,000 \_\_\_\_\_
- \$60,000-\$70,000 \_\_\_\_\_
- Over \$70,000 \_\_\_\_\_

What amount is available to you, annually, for college, from the above? \_\_\_\_\_

List other funding sources for college (scholarships, grants, etc.) and the amounts

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**COLLEGE/UNIVERSITY INFORMATION**

List colleges/universities to which you have applied?

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What major do you plan to pursue? \_\_\_\_\_ Length of program \_\_\_\_\_

To which colleges have you been accepted to at this time? \_\_\_\_\_



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List mailing address of those accepting colleges/universities?

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(street or post office box)	city	state	zip
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(street or post office box)	city	state	zip
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### **HIGH SCHOOL ACADEMICS**

What is your favorite high school subject and how will you use that subject in the future?

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### **ACTIVITIES**

List activities (clubs, athletic teams, etc.) you have participated in during high school

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List special honors/recognitions you have received during high school

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State your favorite hobbies/areas of interest \_\_\_\_\_

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What community/civic activities have you participated in during high school?  
(List the activity, your role, and what you gained from experience)

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If you are chosen to go to the next round of the scholarship process would you be available on any of the following dates and times for interviews? (Please check all that apply)

- April 13<sup>th</sup>
  - 3:30-4
  - 4-4:30
  - 4:30-5
- April 14<sup>th</sup>
  - 3:30-4
  - 4-4:30
  - 4:30-5
- April 15<sup>th</sup>
  - 3:30-4
  - 4-4:30
  - 4:30-5
- April 16<sup>th</sup>
  - 3:30-4
  - 4-4:30
  - 4:30-5



**PERSONAL ESSAY** (required)

Why should we select you for a scholarship? Please give us a brief answer covering your personal life goal(s), your most significant accomplishment, and your financial need. (You can attach your essay in a word document if you need more room)



## Transportation Impact/First Flight Solutions College Scholarship Application – 2021

### FINANCIAL INFORMATION

This information is required before Transportation Impact/First Flight Solutions will send scholarship funds to the Admissions Office of your selected institution of higher education. Please complete this form as soon as possible and return it to your guidance counselor.

Student's Full Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
(mailing address – street or post office box)

\_\_\_\_\_  
(city, state, zip)

Home or Mobile Number: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Date of College/University Enrollment: \_\_\_\_\_

### ADMISSIONS OFFICE

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

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Your College ID Number (if available): \_\_\_\_\_