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

<table>
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<tr>
<th>School Name</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Month and Year of Graduation</th>
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<td><strong>UNIVERSITY/COLLEGE</strong></td>
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<td><strong>GRADUATE SCHOOL</strong></td>
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**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____________________