

Roadway Worker Memorial Scholarship Program Application Form

Honoring Those Who Have Died or Become Permanently Disabled While Providing Safer Roads

PURPOSE

The American Traffic Safety Services Foundation Roadway Worker Memorial Scholarship Program, awarded annually, provides financial assistance for post-high school education to the dependents of roadway workers killed or permanently disabled in work zone construction or maintenance activities within the work zone, including mobile operations and the installation of roadside safety features. Spouses of fallen workers and parents with custody or legal guardianship of surviving children are also eligible.

APPLICANT ELIGIBILITY REQUIREMENTS

Eligible applicants must be dependents of roadway workers killed or permanently disabled in work zone construction or maintenance activities within the work zone, including mobile operations and the installation of roadside safety features. Spouses of fallen workers and parents with custody or legal guardianship of surviving children are also eligible. The Manual on Uniform Traffic Control Devices (MUTCD) defines a work zone as an area of a highway with construction, maintenance, or utility work activities. A work zone is typically marked by signs, channelizing devices, barriers, pavement markings, and/or work zone vehicles. It extends from the first warning sign or high-intensity rotating, flashing, oscillating, or strobe lights on a vehicle to the END ROAD WORK sign or the last temporary traffic control device.

AMOUNT OF SCHOLARSHIP

Each Roadway Worker Memorial Scholarship has a value up to \$10,000*. If a particular applicant demonstrates a strong commitment to volunteerism, they may be eligible to receive an additional \$1,000 in honor of Chuck Bailey, an esteemed member of the roadway safety industry who passed away in June 2002.

*Not to exceed the total qualifying costs of the institution.

EDUCATIONAL INSTITUTION REQUIREMENTS

The scholarship must be applied to a post-secondary school or institution that requires a high school diploma or Graduate Equivalent Degree (G.E.D.) for admission. This could include any public or private: four-year accredited college or university; two-year accredited college; or vocational-technical college or a training institution.

SCHOLARSHIP SELECTION CRITERIA AND APPLICATION REQUIREMENTS

Applicants must provide a completed and signed Roadway Worker Memorial Scholarship Application Form and supporting materials to apply to the scholarship program. Applicants will be judged by the following four criteria:

- 1) Applicant's past academic performance record of high school grades.
 - a. An official copy of the applicant's transcript and grade report from the school currently being attended or most recently attended. The transcript should list all grade points earned and all academic coursework completed to date.
 - b. In the case of applicants already attending an institution of higher learning, their cumulative college grade point average (GPA) and academic performance will be considered.
- 2) Written essay that explains the applicant's reasons for wanting to continue his or her education.
 - a. Essay should be typed, no more than 200 words, and written by the applicant.
 - b. Include any volunteer activities/accomplishments.
 - c. Include current extracurricular activities of the candidate.
- 3) Demonstrated need for financial assistance for continuing education with a completed and signed Free Application for Federal Student Aid (FAFSA) form.
 - a. FAFSA form can be obtained online at www.fafsa.ed.gov or from your high school guidance office.
- 4) Two letters of recommendation in support of the candidate's application and the views expressed therein.
 - a. Letters may be from a teacher school administrator, counselor, member of the clergy, or a supervisor who can address the applicant's qualifications and academic aptitude.
 - b. Letters will NOT be accepted from immediate family members, other relatives, relatives by marriage, or close family friends.

All applicants must meet all of the above requirements.



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APPLICATION DUE DATE

Applications must be postmarked no later than February 15th. Applications postmarked after February 15th may not be considered. All applications and supporting materials will become property of the American Traffic Safety Services Foundation.

SCHOLARSHIP APPROVAL AND NOTIFICATION

Final approvals are granted by the American Traffic Safety Services Foundation Board of Directors at its sole discretion. All applicants will be notified in writing of the results of consideration by the Scholarship Review Committee. If selected, applicants must provide a recent photograph for use in promotion of the scholarship program.

SCHOLARSHIP YEAR AND AWARD DISBURSEMENT

The scholarship award year will be defined as the 12-month period specified in the award. Scholarship award money will be deposited by the American Traffic Safety Services Foundation with the university, college, or institution of higher learning to which the student is admitted, accepted, and which the student will attend.

The award money is credited to an account established in the individual's name at the school. The funds can be used by the recipient for: fees or charges required for tuition; fees or charges for room and board while attending school; and expenses for text books, course work, lab fees, and other materials as required by a course instructor (e.g., safety glasses, art/drawing supplies, glass slides, etc.) for required course assignments or projects.

Scholarship awards are non-transferable to another individual or institution and are forfeited by the recipient upon his/her withdrawal from the institution where the scholarship award was dispersed by the American Traffic Safety Services Foundation, or upon failure to meet the institutions appropriate standards of academic achievement, conduct, or character.

If the recipient is diagnosed post-award by a Board-certified medical physician as having a chronic or acute illness or traumatic injury that makes it impossible for the recipient to enter or continue his or her academic studies, the scholarship award money will be held for the recipients' academic use for up to 12 months. A letter from the physician to the American Traffic Safety Services Foundation must be received within 60 days of diagnosis.

In the event a scholarship recipient's educational endeavors are interrupted during the award year because he or she is called to active duty under Title 10 of the United States Code or National Guard duty in state status, the scholarship award money will be held for the recipient by the American Traffic Safety Services Foundation for up to 24 months, unless the time for active duty is extended by the military authority.

Any scholarship award recipient leaving the U.S. Armed Forces or The National Guard duty must reapply for reinstatement of the scholarship money or the remaining portion of the scholarship money within 90 days after severance from duty.

FOR SCHOLARSHIP INQUIRIES, CONTACT:

The Foundation Manager
American Traffic Safety Services Foundation
15 Riverside Parkway, Suite 100
Fredericksburg, VA 22406

Phone: 540-368-1701

Toll-Free: 800-272-8772

Email: foundation@atssa.com



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CONTACT INFORMATION AND ABOUT YOU

Applicant Name: _____ Birth Date: _____
 Home Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone Number: _____ Cell Number: _____
 Email Address: _____
 Do you have any siblings under age 16? _____

On a separate piece of paper, list any academic, leadership, athletic, or employment awards or recognition you have received and/or community service you have provided.

How did you hear about our Scholarship program?

- | | |
|---|--|
| <input type="checkbox"/> The Foundation pages on ATSSA.com | <input type="checkbox"/> Previous scholarship recipient |
| <input type="checkbox"/> Contacted directly by The Foundation | <input type="checkbox"/> Family member |
| <input type="checkbox"/> Social Media (Facebook, Twitter, LinkedIn) | <input type="checkbox"/> Worker from a road construction company |
| <input type="checkbox"/> Printed ad in a magazine/book | <input type="checkbox"/> Visited The Foundation booth at a tradeshow |
| <input type="checkbox"/> Digital ad on a website | <input type="checkbox"/> Visited a National Work Zone Memorial event |
| <input type="checkbox"/> College/institution scholarship website | |
| <input type="checkbox"/> Other (please specify): _____ | |

ACADEMIC HISTORY

Name of High School: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Highest SAT or ACT Score: _____ Cumulative GPA: _____
 Date of Graduation: _____

Check this box if you did not complete high school and provide the date, county, and state in which you received your GED, along with a photocopy of your GED certificate.

DECEASED OR DISABLED INDIVIDUAL'S INFORMATION

Please provide information about your parent, legal guardian, or spouse whose death or permanent disability occurred in a work zone.

Name: _____
 Date of Accident: _____ Date of Death (if applicable): _____

If deceased, would you like to include their name on the National Work Zone Memorial? _____
The National Work Zone Memorial is a traveling tribute which honors the names of those killed in work zones to help raise public awareness of the hazards in America's roadway work zones.

Provide a brief description of the type of work being done in the work zone and the cause of the accident, include a newspaper or media article (if applicable)

If your parent, guardian or spouse is disabled, please explain the nature of the disability. A third party incident report and doctor's report of disability must be submitted with the application. (Note: The Foundation reserves the right to request further information from other sources regarding the nature of the disability.)



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EMPLOYER OR FORMER EMPLOYER INFORMATION OF THE DECEASED OR DISABLED

Please provide information about your deceased or permanent disabled parent, legal guardian, or spouse's employer or former employer.

Employer Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Contact Name: _____

OTHER PARENT OR LEGAL GUARDIAN INFORMATION (IF APPLICABLE)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Cell Number: _____
Email Address: _____

INTENDED COLLEGE OR INSTITUTION INFORMATION (IF KNOWN)

Name of Institution to which you will apply scholarship funds: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Website: _____
Have you been accepted for admission to this school? _____ Which semester/year? _____
What area of academic concentration will you pursue? _____
If you are already in college, what is your cumulative GPA? _____
Estimated yearly tuition, room and board, and text book expenses: \$ _____

I certify with my signature below that all information provided in this application is accurate to the best of my knowledge. I understand that providing false or misleading information will result in forfeiture of any scholarship that may be awarded.

Applicant Signature: _____ Date: _____

Applications and supporting materials must be postmarked by February 15th and include:

- Completed Application Form
- Official School Transcripts (or GED certificate, if applicable)
- Applicant's Essay including any Volunteer or Current Extracurricular Activities
- Completed and signed FAFSA Form
- Two Letters of Recommendation
- Disability Reports of Parent, Guardian, or Spouse (if applicable)

Mail Applications Package by February 15th to:

The Foundation Manager
American Traffic Safety Services Foundation
15 Riverside Parkway, Suite 100
Fredericksburg, VA 22406