

# Applicant Affiliation with Trucking Industry

## OTA Education Foundation & Endowed Scholarship Applications



A student with a parent who works for your company has applied for one or more *OTA Education Foundation* scholarships, each of which requires parental affiliation with the trucking industry as part of the eligibility criteria. Once completed, this form will support the student's scholarship application(s). The signed and completed form must be emailed to [info@otaef.com](mailto:info@otaef.com) by July 15<sup>th</sup>.

### Instructions:

#### Student Applicants:

- Complete Part A.
- Complete the appropriated sections in Part B.
- Save the form as a .pdf, using the following naming protocol:  
<<LASTNAME\_FIRSTNAME\_SponsorForm>>
- Email the completed form to the appropriate company contact for approval and signature.
- When the signed and completed form is returned, scan it (if necessary, in .PDF format), and email it to [info@otaef.com](mailto:info@otaef.com).

#### Company Sponsors:

- Verify that the information in Part B is correct
- Complete Part C, making sure to sign the form (electronic or manual).
- Save the form, and either return to the student, or email directly to [info@otaef.com](mailto:info@otaef.com).

### A. Scholarship Applicant Information

Student Last Name	First Name	Name of University or College
Scholarship(s) for which student is applying (check all that apply):		
<input type="checkbox"/> OTA Education Foundation (general) Scholarship		
<input type="checkbox"/> J.D. Smith and Sons "Leaders of Tomorrow" Scholarship		
<input type="checkbox"/> OTA Professional Driver Memorial Scholarship		
<input type="checkbox"/> Omnitracs Mike Ham Memorial Scholarship (New for 2021)		

### B. Employed/Contracted Parent Information

- ☐ OTA Education Foundation (general) Scholarship ☐ Omnitracs Mike Ham Memorial Scholarship
- ☐ J.D. Smith and Sons "Leaders of Tomorrow" Scholarship

Name of parent employed in/contracted to trucking company	Position	Start Date (Year)
<input type="checkbox"/> OTA Professional Driver Memorial Scholarship (parent must be a professional driver)		
<input type="checkbox"/> Company driver <input type="checkbox"/> Owner-operator		
Name of employed/contracted parent <u>driver</u>	Position	
Start Date (Year)	Total Years Driving	License Class

### C. Company Declaration

I hereby certify that the above information is true and that any false information may disqualify the above-named student from eligibility for an OTA Education Foundation Scholarship. I agree to allow the OTA Education Foundation to publish the company name, or portions thereof, and its location in news releases, annual reports or other material published by the Foundation for promotional purposes only.

Name of Company	Address of Company (location parent reports to work)		
Manager Name	Position	Email Address	Phone No.
Manager Signature	Date		