



LMCA Scholarship Foundation

The Laredo Motor Carriers Association is pleased to offer a \$1,500.00 scholarship to three eligible candidates.

Eligibility:

- Must be an LMCA member, or affiliated (dependent, child, spouse and/or grandchild of current LMCA carrier or allied member company in good standing)
- Current High school senior, graduate, or current university or college student;
- Enrolled Full-Time, Minimum 12 hours per semester at a university, college, or community college

Requirements

This submittable application form with the following required attached files:

- Official Transcript and a sealed copy of the most recent or year-end high school or college transcript
- Letters of Recommendation - one to three letters from non-familial sources, such as a teacher, counselor, or supervisor.

Application Review

Process selection applications are reviewed by the LMCA Executive Board of Trustees. Scholarships are awarded based on academic achievement, community involvement, and financial need. *The LMCA Foundation Scholarship program does not discriminate against students on the basis of gender, race, religion, national origin or disability.*

Notification: Applicants will receive notification by May 31

Application status is not available prior to this date; you may contact the LMCA Foundation for application status after June 7 if notification has not been received.

LMCA Scholarship Foundation

Applicant's First Name / Middle Name:

Applicant's Preferred First Name:

Applicant's Last Name:

Social Security Number:

Date of Birth:

Gender:

Current Student Status:

Address 1:

Address 2:

City/Town:

State:

 Zip Code:

 Country:

Phone Number: () _____

Current School:

Current School Graduation Date:

Employment Information

Are you currently employed?

____ Yes

____ No

LMCA Affiliation – Select all that apply:

____ Self

____ Spouse

____ Parent/Guardian

____ Grandparent

LMCA Member Company:

Employee Name:

Family Information:

Father/Grandfather/Guardian Name:

Are you a Dependent?

☐ Yes

☐ No

Is your father/grandfather/guardian living or deceased?

☐ Living

☐ Deceased

Mother/Grandmother/Guardian Name:

Is your mother/grandmother/guardian living or deceased?

Student Information

University, College or Community College:

- *(If undecided, please list all schools applying to)*

Major or Area Study:

1st Choice:

2nd Choice:

Expected Student Status:
(As of August 2020)

Current GPA:

GPA Scale:

ACT Score (*highest composite*)

SAT Score (*highest composite*)

Current Occupation:

Hobbies (*limit 200 words*)

Extra-Curricular Activities & Awards (*limit 1000 words*)

Personal Situation:

Marital Status:

☐ Single

☐ Married

Number of Dependents: *(Write N/A if not applicable)*

Living Situation:

☐ Live at home with parents

☐ Live at home with parents, but not a dependent

☐ Live in a single – family household

☐ Other

During your college career, will any siblings also be enrolled in college?

☐ Yes

☐ No

Annual Household Income Information:

Family Income

(We rely on the integrity of your character to report this information fully and accurately. Your family's adjusted gross income may be found on or near line 34 of the most recent U.S. Individual Federal Income Tax Form 1040. Failure to complete this section will result in the loss of any points based on financial need. All income may be subject to verification through request of annual Internal Revenue Service returns.)

☐ less than \$25,000.00

☐ \$25,000- \$50,000

☐ \$50,000 - \$100,000

___ \$100,000-\$150,000

___ more than \$150,00

Do you live in a single parent household?

___ yes

___ no

Personal Narrative:

(Write a personal narrative of 750 or fewer words. Include your goals, interests, any unique circumstances or situations that impacted your life or need for scholarship and the reason(s) you are applying for a TXTA Foundation scholarship. Applications are judged anonymously. Please do not identify the TXTA member company with which you are affiliated in your essay.)

Signature:

Date:
