

WIEGAND MEMORIAL SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Legal Name:		Referring Driver Name:	
Date of Birth:	SSN:	Cell Phone:	
Current Address:			
City:	State:	ZIP Code:	
Military Status: (Please circle) Active Duty / Reservist / Veteran		E-mail:	

(ON A SEPARATE SHEET) PLEASE EXPLAIN IN NO MORE THAN 300 WORDS, HOW YOURS (OR YOUR PARENTS) CAREER IN THE TRUCKING INDUSTRY HAS INFLUENCED YOUR FAMILY'S LIFE.

College/University Information:

Name:	Address		
If awarded Scholarship - Check Attention To/Department:		Current GPA	
Current Major:			
Course of Study:			
What do you plan to do after graduation:			

LIST ANY ACADEMIC HONORS YOU HAVE RECEIVED; ALONG WITH ANY OTHER AWARDS OR RECOGNITIONS. LIST ANY EXTRACURRICULAR ACTIVITIES AND YOUR PART IN THEM (OFFICES HELD?); LIST ANY PUBLIC OR COMMUNITY SERVICE YOU ARE (WERE) INVOLVED IN (USE SEPARATE SHEET IF NECESSARY)

REFERENCES; PLEASE LIST 3

Name:	Name:	Name:
Occupation	Occupation	Occupation
Email	Email	Email
Email & Phone number	Email & Phone number	Email & Phone number

SIGNATURE

Signature:	Date:
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**** Application Due by: December 16, 2022 ****

Internal use only:

Date Received:

Return Options: Email: hr@tldlogistics.com
Mail: 1300 Everett Road, Knoxville TN 37932, Attn: Kelly Rogers