

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:

**** Application Due by: January 26, 2024 ****

Return Options:

Email: hr@tldlogistics.com

Mail: 1300 Everett Road, Knoxville TN 37932

Attn: Human Resources

Internal use only:

Date Received: