The Conference of Minority Transportation Officials (COMTO) CT Chapter
2024 Scholarship Application

[Two $1,500 Scholarships will be Awarded]

**Deadline for Submission: April 15, 2024**

Mail Submission to:
COMTO CT Chapter, P.O. Box 310136, Newington, CT 06131
OR
Email: ctchapter@comtoct.org

Scholarship Criteria:

- Essay: (500 words) Tell us about your interest in a transportation related field (e.g., engineering, planning, construction, logistics), what you hope to contribute to the transportation industry, and why you deserve a scholarship.
- Graduating high school seniors, students currently attending a college, university, or vocational school.
- Letter of recommendation form completed by guidance counselor/advisor/professor.

__________________________

**Personal Information:**

Name____________________________________________
Address____________________________________________________City____________________
Tel___________________________________________Email________________________________
High School_____________________________________ Date of Graduation______________

**School Information:**

Applicant’s school of choice or currently enrolled____________________________________________
Address____________________________________________________City____________________State____
Have you been accepted: Yes___ No___ Not Yet___
Anticipated Major: ________________________________________________________

Career Goal: _______________________________________________________________________

**Work or Volunteer Experience:**

Please list any job experience.
1. 
2. 
3. 
4. 
5. 

**Extra-curricular activities**
1. 
2. 
3. 
4. 
5. 

_________________________  ______________________________
Signature of Applicant      Date

_________________________  ______________________________
Signature of Parent/ Guardian (if under 18 years old)  Date
The Conference of Minority Transportation Officials (COMTO) is dedicated to advancing minorities and other underrepresented groups in the transportation industry.

To be Completed by Guidance Counselor/Advisor/Professor.

Last name/First Name/School ID

Cumulative GPA: _____________________________ Weighted or Unweighted

Class Rank: _________________________________

Class Size: _________________________________

Scale of Performance: (Please Circle)

9 8 7 6 5 4 3 2 1

Excellent  Good  Average  Fair

Counselor’s Comments:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature of Counselor/Advisor/Professor___________________________________________________________