# The Brian Battle Foundation CDL Scholarship Application

Thank you for your interest in The Brian Battle Foundation CDL Scholarship. This scholarship is designed to support individuals committed to a trucking career. Please complete the application below and ensure all required documents are submitted. Incomplete applications will not be considered.

## Applicant Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_

## CDL School Information

Name of CDL Training School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_

Enrollment Start Date (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Expected Graduation Date (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

School Contact Name (Instructor/Administrator): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Contact Email or Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Personal Statement

In 350-600 words, please describe why you are pursuing a career in trucking, how this scholarship will impact your journey, and how you plan to use your CDL to build a successful future.

## Required Documents

✔ Proof of Enrollment (Letter from CDL School or Enrollment Receipt)

✔ Copy of Driver’s License

✔ Completed Personal Statement

## Certification and Signature

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification from receiving the scholarship.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

## How to Submit

Please email your completed application and required documents to: Chiqueta@brianbattlefoundation.org

If you have any questions, please contact us at the email above. You will be notified via email if you are selected.