



# 2024 Caltrans Fallen Workers Memorial Scholarship Application

(Please print or type)

Date Submitted: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

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

Name of Fallen Worker: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Recent G.P.A. (Please include copy of transcript or report card): \_\_\_\_\_

College or Trade School You Are or Will Be Attending (Please include proof of enrollment):  
\_\_\_\_\_  
\_\_\_\_\_

Community Involvement Activities (Volunteering, Scouting, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Recognition Received (Awards, Honors, Scholarships, Prizes, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write and attach an essay: A typed essay of no more than 2 pages, double spaced, font size 12, is ***required*** that explains what receiving a scholarship would mean to you and how the scholarship would make a difference in your education and life.

*By applying for this scholarship, I certify that the information I have entered on this application is true and complete to the best of my knowledge. I authorize Caltrans to include my photograph and information in its annual Fallen Workers Memorial video and any other materials deemed appropriate by Caltrans.*