



Institute of Transportation Engineers
Missouri Valley District

Jan Kibbe Student Scholarship Application Form

Preferred mailing address (this will be the address used to notify you of the status of your application):

First Name: _____ Last Name: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Indicate the college / university you plan to attend in the upcoming academic year:

University: _____ Department: _____

Degree Program: _____ Expected Graduation Date: _____

Advisor: _____

Anticipated course work in the upcoming academic year; including at least one traffic / transportation engineering course:

_____	_____
_____	_____
_____	_____
_____	_____

Educational Background:

College/University: _____ Dates Attended: _____

Degree Program: _____ Hours Completed: _____

Completed Course Work: _____

I certify that the information provided on this form is true and correct.

Signature: _____ Date: _____