



PO Box 5310
 SPRINGFIELD, VA 22150
 PH 703.642.9444
 FX 703.642.3334
 WWW.CDTF.ORG

Military Scholarship Student Application

Please print or type clearly. Incomplete or illegible information will be returned to the applicant.

Name of Applicant School and Location of Choice:	<i>If you do not know which institution you will be attending, the CDTF will provide you with a list of participating schools in your designated area.</i>
Name of Applicant:	
Applicant Address:	Street: City: State/Zip:
Applicant Telephone:	
Applicant E-mail:	
Dates of Military Service:	From ___/___/___ through ___/___/___ (mm/dd/yyyy)
Branch of Service:	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard (Any Branch)
Honorably Discharged: (Must be Honorably Discharged to be eligible)	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)

Please attach a copy of your Form DD214

I hereby certify that the information above is true. I understand that the information will form the basis for determination of my eligibility to receive a Commercial Driver Training Foundation Military Scholarship Program to attend the commercial driver training program offered by the participating institution named above.

I agree that all decisions of the Commercial Driver Training Foundation are final. I further agree that the grant of any scholarship is solely for use, in the amount stated, at the participating institution referenced above, and that I am separately required to meet any and all admissions requirements of that institution as a condition of receiving the scholarship.

Signature of Applicant: _____ Date _____

Once completed, please mail all application materials with a copy of your discharge order to: Or Fax to 703-642-3334	Commercial Driver Training Foundation Attn: Military Scholarship Program PO Box 5310 Springfield, VA 22150
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