

## Military Scholarship Student Application

(Not for *Drive the Guard*)

***Please print or type clearly, especially if you are faxing the application.***

School and Location of Choice:	<i>Please list the school you plan on attending. You can locate a list on the CDTF website at <a href="http://www.cdtfi.org">www.cdtfi.org</a>.</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 <b>Honorably</b> 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 fax or mail all application materials with a copy of your discharge order to:***

**Commercial Driver Training  
 Foundation  
 Attn: Military Scholarship Program  
 PO Box 5310  
 Springfield, VA 22150**