



WORLD TRADE ASSOCIATION
OF PHILADELPHIA, INC.

SCHOLARSHIP APPLICATION

(Postmark deadline August 31, 2020)

Name: _____ WTA Student Member? Yes or No *(circle)*

Phone# _____ Date of Birth _____

Address: _____

Declared Major: _____ Type of Student? Full-Time or Part-Time *(circle)*

University or College Name: _____

Address: _____

Projected Graduation Date: _____ Current GPA: _____

How did you hear about our scholarship Program? _____

SUBMISSION REQUIREMENTS:

1. Check all that apply:
WTA Student member _____ Fox Business School student _____ Relative of a WTA member Y ___ N ___
(please specify relationship) child _____ grandchild _____ stepchild _____
2. A transcript or a copy of the applicant's most recent report card.
3. One-page resume
4. A letter outlining the following:
 - a. Why you chose the transportation and supply chain management field;
 - b. Describe extracurricular activities, work or special projects relating to the field;
 - c. Explain how you think the industry will change in the next decade and how you are positioning yourself to be successful
5. Are you a WTA student member? If so, please elaborate on the following:
 - a. If you volunteered at WTA events, list the events and the details of your involvement;
 - b. If you participated in the student-business pairing interview program, please tell us about this experience. Did you submit a summary of the interview for social media?
6. Email this application and all documents to [wtaphiladelphia@gmail.com](mailto:wta@philadelphia.org) by August 31, 2020.

I certify that all information provided on this application is true and factual. If I have knowingly reported false information, the WTA has the right to rescind the scholarship and give the monies to another candidate or place back in the foundation at the discretion of the Scholarship Committee. I give permission for this information to be given to the appropriate committees so that they may recommend eligible recipients. If selected, I authorize my name to be released in the media and I will use this scholarship funds for educational purposes only.

Applicant Signature Date

WTA Member Name (if applicable) Your Relationship to Member (if applicable)

WTA Member Signature (if applicable) Date (if applicable)