



STUDENT TRANSPORTATION INC.

cares  
FOUNDATION

# SCHOLARSHIP PROGRAM

## THE STI CARES FOUNDATION IS PROUD TO OFFER OUR 2019 SCHOLARSHIP PROGRAM.

The STI Cares Foundation (STI Cares) is the philanthropic arm of Student Transportation Inc. (STI), an industry leader in school transportation, safety and fleet services.

The mission of STI Cares is to drive change in our local communities. STI plays a unique and positive role in the lives of the more than one million students it safely transports, and it is committed to making a difference for children and their families.

To learn more about the STI Cares Foundation, please visit [www.STICares.Foundation](http://www.STICares.Foundation).

Completed applications must be postmarked by APRIL 1, 2019, and mailed or emailed to:

STI CARES FOUNDATION  
880 Island Park Drive, Floor 3  
Daniel Island, South Carolina 29492  
e: [scholarships@sticares.foundation](mailto:scholarships@sticares.foundation)

## ELIGIBILITY REQUIREMENTS

- » Must be a current high school senior either (1) enrolled in a public or private school serviced by STI or one of its family companies, or (2) a legal dependent of an individual currently employed by STI or one of its family companies.
- » Has attained a 2.0 cumulative grade point average (GPA) on a 4.0 scale for the previous two academic years.
- » Is planning to continue his/her education beyond high school in an accredited college or institution of higher education.

## GENERAL INFORMATION

- » Grants consist of a one-time award of \$1,000.
- » Scholarship funds may be used at any U.S. college or institution.
- » Recipients will be notified in May **via email. (Provide an email address not affiliated with your school where you can be reached beyond graduation.)** Non-recipients will not be notified.
- » All award recipients must submit an information form (provided in the notification email) by June 30 in order to receive the scholarship funds.
- » Scholarships can be used for tuition, books, laboratory fees, campus room/board and other academic costs.
- » Scholarship checks will be sent directly to the Financial Aid Office of the college or institution during the month of July.

## INSTRUCTIONS FOR SUBMISSION

- » Complete all sections of the STI Cares Scholarship Application. **Do not include any information other than what is requested.**
- » Neatly print or type all information.
- » High School Guidance Counselors are required to complete Section II of the application. This must include their signature and official school seal.
- » Attach your official school transcript for grades 9 – 12 with school seal affixed.
- » Write a one-page essay describing why you deserve the STI Cares Foundation Scholarship and what this would mean for you.



STUDENT TRANSPORTATION INC.



# SCHOLARSHIP APPLICATION

## SECTION I. Personal Information to be completed by student. MUST BE TYPED OR PRINTED.

1. Student's Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last, First, MI Month Day Year

3. Student's Permanent Mailing Address: \_\_\_\_\_  
Street Address City State ZIP

4. Home Phone Number: (\_\_\_\_) \_\_\_\_\_ 5. Email Address: \_\_\_\_\_

6. Name of High School: \_\_\_\_\_ 7. Year of High School Graduation: \_\_\_\_\_

8. Parent / Guardian Name:  
(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
Last, First, MI Last, First, MI

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

STI Employee: YES \_\_\_\_\_ NO \_\_\_\_\_ STI Employee: YES \_\_\_\_\_ NO \_\_\_\_\_

9. Number of Children in Family: \_\_\_\_\_ 10. Number of college students in family next school year (incl. self): \_\_\_\_\_

11. Institutions where applicant has applied and / or been accepted:

INSTITUTION	ACCEPTED	INSTITUTION	ACCEPTED
_____	Y N Pending	_____	Y N Pending
_____	Y N Pending	_____	Y N Pending
_____	Y N Pending	_____	Y N Pending

12. Intended Profession / Career: \_\_\_\_\_ 13. Intended Post Secondary Graduation Date: \_\_\_\_\_

## SECTION II. Academic Information to be completed by Guidance Counselor.

**AN OFFICIAL HIGH SCHOOL TRANSCRIPT (WITH THE SCHOOL SEAL) INDICATING CLASS RANK AND BOARD SCORES ALONG WITH YEARLY GRADES MUST ACCOMPANY THIS APPLICATION.**

1. Student's highest test scores: Scholastic Aptitude Test – Verbal: \_\_\_\_\_ Math: \_\_\_\_\_  
American College Test – Composite Total: \_\_\_\_\_

2. Student's cumulative high school rank \_\_\_\_\_ out of \_\_\_\_\_ total high school class size

3. Student's cumulative high school grade point average (GPA) on a 4.0 scale \_\_\_\_\_; or 4.0 weighted \_\_\_\_\_; or percentage \_\_\_\_\_

4. High School Curriculum: AP/Honors \_\_\_\_\_ College Prep \_\_\_\_\_ General \_\_\_\_\_ Vocational \_\_\_\_\_ Technical \_\_\_\_\_

I hereby certify that the information on this form is true and correct to the best of my knowledge and the student is in good standing in the school.



\_\_\_\_\_  
Signature of Guidance Counselor  
(only an original signature will be accepted)

\_\_\_\_\_  
Date  
(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Guidance Counselor

\_\_\_\_\_  
Counselor Phone Number  
\_\_\_\_\_  
Counselor Email Address

**MUST HAVE SCHOOL SEAL TO BE VALID**

**SECTION III. Activity Section – To be completed by student. MUST BE TYPED OR PRINTED. Additional pages not accepted.**

NAME OF CLUB SPONSORED BY HIGH SCHOOL (Library Club, Math Club, etc.)	SCHOOL YEAR Circle appropriate grade	OFFICE HELD	MOST SIGNIFICANT CONTRIBUTIONS
_____	10 11 12	_____	_____
_____	10 11 12	_____	_____
_____	10 11 12	_____	_____
_____	10 11 12	_____	_____

NAME OF EXTRA CURRICULAR ACTIVITY SPONSORED BY HIGH SCHOOL (Band, Choir, Sports, Intramural, Cheerleading, etc.)	SCHOOL YEAR Circle appropriate grade	HONOR(S)	MOST SIGNIFICANT CONTRIBUTIONS
_____	10 11 12	_____	_____
_____	10 11 12	_____	_____
_____	10 11 12	_____	_____
_____	10 11 12	_____	_____

**WORK EXPERIENCE**

EMPLOYER	SCHOOL YEAR Circle appropriate grade	AVERAGE HOURS / WEEK	TERM Circle appropriate term
_____	10 11 12	_____	Summer / School Year
_____	10 11 12	_____	Summer / School Year
_____	10 11 12	_____	Summer / School Year
_____	10 11 12	_____	Summer / School Year

**VOLUNTEER / COMMUNITY ACTIVITY**

ORGANIZATION / ACTIVITY	AVERAGE HOURS / WEEK	SCHOOL YEAR Circle appropriate grade
_____	_____	10 11 12
_____	_____	10 11 12
_____	_____	10 11 12
_____	_____	10 11 12
_____	_____	10 11 12

NAME OF SPECIAL RECOGNITION, ACADEMIC HONOR OR OTHER SPECIAL ACHIEVEMENT FOR WHICH YOU STOOD OUT (Honor Society, Science Fair, etc.)	SCHOOL YEAR Circle appropriate grade	DESCRIPTION OF WHAT YOU DID TO EARN RECOGNITION
_____	10 11 12	_____
_____	10 11 12	_____
_____	10 11 12	_____
_____	10 11 12	_____
_____	10 11 12	_____

**SECTION IV. Essay and Signature**

Write a one page essay describing why you deserve the STI Cares Foundation Scholarship and what this would mean for your family.

The foregoing facts are true to the best of my knowledge, and I have attached my essay. (Must be signed)

Applicant's Signature

Date

**APPLICATION MUST BE POSTMARKED BY: APRIL 1, 2019**  
**MAIL OR EMAIL TO: STI CARES FOUNDATION**  
 880 Island Park Drive, Floor 3 // Daniel Island, SC 29492  
 e: scholarships@sticare.foundation