



# Conditional Grant Program

Grant Application

Application Deadline: April 1

»» **Your career**  
starts here.



# Application

Conditional Grant Program



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Return this portion by April 1.

Note: An incomplete application will not be considered.

## **SECTION A**

**1.** Have you previously applied to the Conditional Grant Program?

Yes      No

If yes, please indicate year.

Student's Full Name (Last, First, MI)

**3.** Mailing Address

City      State      Zip Code

  

Area Code/Phone Number

 

Email Address

**6.** Citizenship

U.S.      Permanent Resident

**7.** Parent(s)/Guardian Name

**9.** Name of state public/private college/  
university and location that you plan to attend.

**2.** Social Security Number

**4.** Permanent Address (if different from 3)

City      State      Zip Code

  

Area Code/Phone Number

 

**5.** Date of Birth

  

Month      Day      Year

Are you a Texas resident?

Yes      No

**8.** Indicate month and year graduated from high school.

**10.** Declare Degree

**11.** Have you been formally accepted by the state public/private college/university you plan to attend?

Yes      No

## **SECTION B**

**1. Current high school students:** (To be completed by school counselor or registrar.)

Note: Must submit official high school transcript. SAT/ACT tests scores must be provided.

High School Name	Address (City, Zip)	GPA (4.0 scale only)	SAT Composite Score	ACT Composite Score

Signature of Counselor/Registrar \_\_\_\_\_ Date \_\_\_\_\_

**2. Current college/university students:** Note: Must provide an official college transcript. If less than 30 semester hours completed, submit an official high school and college transcript. Also, high school students who have earned college credit while still in high school must submit a college transcript.

College/University Name	Address (City, Zip)	Current Semester Hours	Total Hours Earned	GPA

## **SECTION C**

(A continuation sheet has been provided. Information provided on forms other than the standard Conditional Grant forms will not be accepted.)

**1. Essay:** In your essay (one page), tell us about you, any life challenges you have faced, and how you overcame them. Please also share how this grant will support your personal and professional career goals. (Essay should be typewritten on 8 1/2" by 11" white paper, double-spaced, leaving 1-inch margins and using front side only. Provide your name and social security number in upper right corner of essay. Be sure the print is dark enough to produce legible photocopies.)

**2. Academic Honors, Awards, and Accomplishments:** List academic accomplishments, awards, and honors/scholarships which you have received.

Honor/Scholarship/Award	Sponsor	Date Received	
		From (Month/Yr)	To (Month/Yr)

**3. Extracurricular School Activities:** List extracurricular or UIL school activities in which you have been involved, or are involved in now. Indicate position held, if applicable.

Position	From (Month/Yr)	To (Month/Yr)

**4. Community Organizations and Volunteer Activities:** List any community organizations and volunteer activities in which you have been involved. Include your position and period of involvement. Do not abbreviate organization names.

Name of Organization/Activity (for example: March of Dimes, Runaway Hotline)	Position	From (Month/Yr)	To (Month/Yr)

**5. Employment Activities:** List part-time, summer and/or volunteer jobs or internships, or cooperative assignments you have held while in school.

Place of Business	Position	From (Month/Yr)	To (Month/Yr)	Hours Per Week

## **SECTION D**

All signature lines and the notary section must be completed. If not signed and notarized, this application will not be processed or considered.

### **1. Declaration of intent**

I, the undersigned \_\_\_\_\_, hereby declare my intention to seek a baccalaureate degree in \_\_\_\_\_ and to work for the Texas Department of Transportation for a minimum of two years immediately following the date of my receipt of a baccalaureate degree.

I hereby grant permission to the registrar's office at \_\_\_\_\_ (College/ University) to release my semester grade report upon request to the Conditional Grant Program Coordinator.

I hereby grant permission to the student financial aid office at \_\_\_\_\_ (College/ University) to release the results of my financial need analysis to the Texas Department of Transportation, if applicable.

I fully understand that the foregoing statements and answers are submitted under oath and that failure to answer any question or to make a full and accurate disclosure of any facts or information called for herein may result in the disqualification of my Conditional Grant Program Application.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2. Child Support Statement for Conditional Grant Program

### Do you have child support obligations?

Yes      No

If no, please sign here.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If yes, please see the following statement. Regardless of your Child Support obligation you must provide your signature in the enclosed box.

Under Family Code, §231.006, the vendor or applicant certifies that the individual named in this application is not ineligible to receive the specified grant and acknowledges that this grant may be terminated and payment may be withheld if this certification is inaccurate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** This section must be completed and signed regardless of obligation status.

## 3. Notary

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, says: "I have read the foregoing questions and instructions, have answered fully and frankly, and affirm that all of the information provided herein is, of my own knowledge, true and correct."

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
(Notary's Signature)

My Commission Expires \_\_\_\_\_  
(Date)

(Notary Seal)

## **SECTION E**

### **Verification of Household Income and Eligibility Criteria**

The Conditional Grant Program provides financial assistance to eligible students who are members of an economically disadvantaged household as defined by the Federal Poverty Level. To determine your initial eligibility for the Conditional Grant Program you must provide evidence of household income and answer the following questions. Failure to complete this section will automatically disqualify your application.

**1.** Has anyone in your immediate family attended or graduated from an undergraduate, graduate, or professional program? (Immediate family is considered related by birth, marriage or adoption and residing in the same household.)

Yes      No

**2.** Do your parents list you as a dependent on their Federal Income Tax Return?

Yes      No

If you answered no, please provide the following information that only pertains to your individual household and personal federal income tax return. If you answered yes, your parents must provide the following information.

**3.** How many persons are in your family household? \_\_\_\_\_

List names and relationship

Name	Relationship

**4.** What was the adjusted gross income as last reported on your federal tax return? \_\_\_\_\_

I hereby certify that the foregoing information and answers provided is true and complete, and I further understand that any falsification or omission of information will result in the disqualification of my application to the Conditional Grant Program. Both parent/guardian and student signatures must be provided.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## How do I apply?

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**The application deadline is April 1.**

Email application to **Careers@txdot.gov**

*OR mail to:*

Texas Department of Transportation  
Conditional Grant Program  
Human Resources Division  
Talent Acquisition and Employee Resources Section  
125 E. 11th Street  
Austin, Texas 78701-2483  
1-866-554-4330  
**TxDOT.gov**

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