



CANADIAN INSTITUTE OF TRANSPORTATION ENGINEERS

APPLICATION FORM

**DR. MICHEL VAN AERDE MEMORIAL
TRANSPORTATION SCHOLARSHIP for YEAR: _____**

This scholarship is for **Doctoral Candidates only**. The application form is divided into a number of sections. The weighting for each component is as follows:

Academic Potential:	10 points
Career Potential:	10 points
Financial Need:	5 points
CITE/Transportation Profession Involvement:	10 points
General Community Involvement:	5 points
References:	10 points
TOTAL:	50 points

1.0 PERSONAL INFORMATION

- 1.1 Name: _____
- 1.2 Present address: _____

- 1.3 Present phone: _____
- 1.4 Permanent address: _____

- 1.5 Permanent phone: _____
- 1.6 e-mail address: _____
- 1.7 Canadian Citizen or Landed Immigrant? Yes _____ No _____

2.0 ACADEMIC POTENTIAL

2.1 Please provide the name and location of the educational institution you plan to attend. Enclose evidence of acceptance or probable acceptance, together with a transcript from your university.

2.2 Please provide the name of your Faculty Advisor (if known):

2.3 Please state the degree being pursued:

2.4 Please state the year of expected completion: _____

2.5 Please outline your proposed study program in the field of transportation engineering:

2.6 Please list any colleges and/or universities previously attended and degrees obtained:

	COLLEGE/UNIVERSITY	LOCATION	DEGREE/DIPLOMA
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

3.0 CAREER POTENTIAL

3.1 Please state your present employer and position (if applicable):

3.2 Please describe you previous work experience:

3.3 What are your career objectives on completion of your academic studies?

4.0 FINANCIAL NEED

4.1 Please describe your need for this scholarship:

4.2 What other financial assistance do you expect to receive?

a) What financial assistance have you obtained to date?

b) What other financial assistance have you applied for?

DECLARATION

The above information and attached supporting material represents a true picture of my personal, academic and professional status.

Signature

Date

HOW TO APPLY

To apply for the Dr. Michel Van Aerde Memorial Transportation Scholarship, complete this application form and return it by email, fax or mail before 5:00 p.m. on **April 1, 2010**, together with a copy of your transcript and notice of acceptance in a doctorate program, to:

CANADIAN INSTITUTE OF TRANSPORTATION ENGINEERS (CITE)

PO Box 81009, 47B Harbour Square

Toronto ON

M5J 2V3

Email: vicepresident@cite7.org

TERMS AND CONDITIONS

This scholarship is for one academic year and is not renewable. Recipients are not eligible to reapply for the same scholarship.

APPLICATION CHECKLIST

To be eligible for this scholarship, you must provide the following:

- ✓ Completed and signed application form
- ✓ Copy of transcript from post-secondary institution(s)
- ✓ Copy of notice of acceptance in a doctorate program
- ✓ Two completed and signed reference forms (to be provided directly by the referees under separate cover)

CONFIDENTIAL LETTER OF RECOMMENDATION FOR THE DR. MICHEL VAN AERDE MEMORIAL TRANSPORTATION SCHOLARSHIP

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PO Box 81009, 47B Harbour Square

Toronto ON

M5J 2V3

Email: vicepresident@cite7.org

[Name of Applicant:] _____ has submitted an application for the Canadian Institute of Transportation Engineer's (CITE) *Dr. Michel Van Aerde Memorial Transportation Scholarship*. The scholarship in the amount of \$2,000 is for a qualified student to pursue a doctorate degree in transportation engineering.

The applicant has submitted your name as a reference. Please give us your frank evaluation of the applicant's academic and/or professional experience. Your reply will be kept confidential.

1. Do you have personal knowledge of the duties, scope and importance of the applicant's professional work and/or academic studies? Yes ____ No ____
(If "no," please skip the remaining questions and sign and return this form.)

2. How many years have you known the applicant? _____

3. What has been your professional association with the applicant?

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