



**Washington State
Department of Transportation**

Public Transportation Division
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**WASHINGTON STATE RURAL TRANSPORTATION ASSISTANCE PROGRAM
SCHOLARSHIP APPLICATION**

APPLICANT INFORMATION

Applicant Name

Organization

Address

Email

City, State, ZIP

Phone

State Vendor number (or Federal ID#)

SCHOLARSHIP INFORMATION

Event

Date(s) and city of event

What is your current position? Demonstrate your organization’s financial need, and how your attendance at this training or conference will benefit your organization.

If you are a private system based in an urban area, explain how your agency serves rural communities.

ESTIMATED COST

EXPENSE CATEGORIES	ESTIMATED EXPENSES
Registration Fee:	
Travel: Mileage reimbursement at . Total Miles:	
Consideration of ridesharing opportunities or least expensive mode of transportation is required.	
Airfare total cost:	
Shuttle, parking, ferry, toll costs: (if applicable)	
Lodging costs (per diem plus tax) - Number of Nights:	
Total Estimate Expenses:	

SUPPORTING DOCUMENTATION

Please submit the following documents with your application:

- A training announcement, conference brochure, or meeting agenda that includes the location, cost, and schedule.
- A hotel estimate or receipt and the total nights of stay. Reimbursement will be limited to the current per diem rate. Parking cost should be in the supplemental travel field.
- A screen shot from Google Maps or MapQuest showing driving distance.
- An airline itinerary with estimated cost (if applicable).

ADDITIONAL REQUIREMENTS

Applicants awarded RTAP scholarships are required to fill out and submit the following documents to receive reimbursement (documents provided at time of award):

- An expense sheet detailing actual expenses with supporting documentation. This document is **due within 60 days after the event.**
- A training evaluation.

AUTHORIZATION

Applications are accepted by emailing a signed, scanned copy to PTDGrants@WSDOT.WA.GOV

Applicant Signature _____ Date

Organization's Executive Officer Signature _____ Date