



**DWIGHT DAVID EISENHOWER TRANSPORTATION FELLOWSHIP PROGRAM  
2011 EISENHOWER MIHE/HSI TRANSPORTATION FELLOWSHIPS  
UNIVERSITY OF PUERTO RICO AT MAYAGUEZ**



Application Form - Part 1 (A)

**BURDEN STATEMENT**

This collection of information is voluntary and will be used to determine the applicant's qualifications for the DDETFP. Public reporting burden is estimated to average three hours per response, including the time for reviewing instructions and completing the application. All information collected is confidential and will be used by program staff for program administration purposes only. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0617. **Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590.**

***Must be typed***

Name		Official Use only
Current Address		Telephone No.: E-mail Address:
Permanent Address		Telephone No.:
<b>Check one box and circle year to indicate your current status:</b> <input type="checkbox"/> Undergraduate (Junior) <input type="checkbox"/> Undergraduate (Senior) <input type="checkbox"/> Master's Student 1 <sup>st</sup> yr 2 <sup>nd</sup> yr <input type="checkbox"/> Doctoral Student 1 <sup>st</sup> yr 2 <sup>nd</sup> yr 3 <sup>rd</sup> yr		<b>RACE (optional)</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please attach a certified copy of your I-20 or I-551 ID issued by the I.N.S.		<b>ETHNICITY (optional)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino in Puerto Rico <input type="checkbox"/> Not Hispanic or Latino in Puerto Rico
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Experience in Other Transportation Educations Programs</b> <input type="checkbox"/> ENO Fellow Yr _____ <input type="checkbox"/> NSTI Yr _____ <input type="checkbox"/> UTC Award Yr _____ <input type="checkbox"/> STIPDG Yr _____ <input type="checkbox"/> DDETFP Yr _____	
College or University		Academic Dept.
Name, Title and Address of Faculty Advisor		Telephone No.: Fax Number: E-mail Address:
Name, Title and Address of Campus Program Manager (if different than Faculty Advisor)		Telephone No.: Fax Number: E-mail Address:
Applicant's Major		Applicant's Field of Study
Date		* Signature of Applicant ( <b>Required</b> )
Date		* Signature of Faculty Advisor ( <b>Required</b> )



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Application Form - Part 1 (B)  
***Must be typed***

Colleges/Universities Attended	Dates Attended	Degrees Earned	Date Awarded

Employer (most recent first)	Address	Name of Supervisor and Telephone No.	Dates of Employment
			From:  To:
			From:  To:

<b>List Academic Honors, Scholarships, Offices Held in Student / Professional Organizations, etc.</b>
<b>Community Activities/Organizations:</b>

<b>Experience in Transportation Education Programs</b>	
<input type="checkbox"/> ENO Fellow      Year _____  <input type="checkbox"/> UTC Award      Year _____ <small>University Transportation Centers</small>  <input type="checkbox"/> DDE Fellowship    Year _____ <small>Dwight David Eisenhower Transportation Fellowship (HBCU, HSI, TCU, GRAD, PWD, GRF, INF)</small>	<input type="checkbox"/> STIPDG      Year _____ <small>Summer Transportation Intern Program for Diverse Groups</small>  <input type="checkbox"/> NSTI      Year _____ <small>National Summer Transportation Institute</small>  <input type="checkbox"/> Other      Year _____  Name _____



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Application Form - Part 2  
***Must be typed***

**Proposed Plan of Study**

Please provide a summary of how your plan of study will impact and enhance the field of transportation and what role transportation takes in your professional goals. Incorporate educational, personal and work experiences, accomplishments, volunteer activities and/or events that support your plan of study. (max 750 words)