

**FRANK PHILLIPS COLLEGE  
TRAVEL SCHOLARSHIP APPLICATION**

Semester: _____
Year: _____

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address St. \_\_\_\_\_ SS# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

All information provided is confidential and will not affect your admission to Frank Phillips College. Your responses will be used to determine travel assistance only. The Carl Perkins Grant provides assistance to students in vocational and technical education programs only. Students must reapply each semester. Students will not qualify during their first semester in a program. To qualify a student must have completed at least 1 CTE hour in their program.

What type degree or certificate do you plan to get at FPC? \_\_\_\_\_

What is your major? \_\_\_\_\_

Are you a full \_\_\_\_\_ or part-time \_\_\_\_\_ student this semester?

If you are a Nursing student, what town will you be traveling to for clinicals? \_\_\_\_\_

Are you a single parent? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What other financial assistance are you receiving? (CCMS, WIA, TANF, Grants, etc.)  
(Specify) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF CONSIDERED A CANDIDATE FOR THESE FUNDS, YOU WILL RECEIVE A FINAL CONFIRMATION FORM INDICATING THE AMOUNT OF MONEY YOU HAVE BEEN GRANTED, THE TRAVEL INFORMATION WE HAVE ON FILE, AND THE DEADLINE FOR THE SIGNED CONFIRMATION FORM TO BE RETURNED TO THIS OFFICE. THE RETURNED CONFIRMATION FORMS WILL THEN BE USED TO ESTABLISH THE FINAL BUDGET FOR THE GRANT. THAT FORM MUST BE CONFIRMED, SIGNED, AND RETURNED TO THIS OFFICE BY THE DEADLINE GIVEN ON THE FORM, IN ORDER TO RECEIVE THESE FUNDS.**

**YOU MUST NOTIFY THIS OFFICE AND THE FINANCIAL AID OFFICE IMMEDIATELY OF ANY CHANGES MADE AFTER THE APPLICATION HAS BEEN SUBMITTED.**

*I certify under penalty of perjury, that the above information and all documents submitted by me are complete and accurate to the best of my knowledge. I understand that if travel assistance is awarded, it will be based upon mileage verification by the Special Populations Coordinator, according to budget allocations.*

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

**Return to: Frank Phillips College  
Attn: Jason Price  
P.O. Box 5118  
Borger, TX 79008-5118**