



**College of Business
San José State University
Graduate Transportation Management Program
Mineta Transportation Institute
San José, California 95192-0219
Tel: (408) 924-7570 Fax: (408) 924-7565**



Mineta Transportation Institute MSTM Fellowship Award

The Mineta Transportation Institute Scholarship Program provides financial assistance to outstanding graduate students enrolled in the Master of Science in Transportation Management Program at San José State University.

• **The Award**

Twice each year, subject to the availability of funding, the Mineta Transportation Institute will award up to twenty grants of \$1000 each.

• **Eligibility**

Applicants must be enrolled in the MSTM program at SJSU. You must be registered for the current class and have been registered for a class in the previous session. Previous recipients of Mineta Transportation Institute Performance are eligible to apply again in subsequent semesters, but are eligible to receive the award no more than two times over the course of their MSTM studies.

• **Selection Criteria**

Grants are awarded on the basis of scholastic achievement, leadership, instructor and employer recommendations, and an essay. While financial need and GPA are also factors, preference is given to students who intend to complete the program rapidly.

• **Essay**

On a separate sheet of paper, in 250-500 words, applicants should tell the selection committee why they should be considered for the award. Previous recipients should discuss the role of the MSTM program in their careers.

• **Personal Reference**

Applications must include a letter of reference from your direct supervisor, if applicable, or someone else who knows your professional work. Previous recipients who have not changed employment may submit updated versions of prior references.

• **Instructor Reference**

The Mineta Transportation Institute will contact your instructors regarding their references.

• **Deadlines**

Applications must be postmarked by April 1 for Spring and November 1 for Fall semesters.

Name _____ SSN _____ - _____ - _____

Mailing Address (Street, Apt) _____
(City, State, Zipcode) _____

Work Phone _____ Home Phone _____ Email _____

Employer _____ Position _____

MSTM courses you have registered for this semester:

Course _____ Instructor _____

Course _____ Instructor _____

Signature _____ **Date** _____

Please mail this completed form with references to the address above.