

BRIDGING OPPORTUNITIES TRAINING PROGRAM APPLICATION - COLLEGE PROGRAM

INSTRUCTIONS: To be considered for the Bridging Opportunities Training Program, complete and submit this application along with other required documents to:

Kentucky Transportation Cabinet
BOTP Coordinator
Office for Civil Rights & Small Business Development
200 Mero Street, 6th Floor West
Frankfort, KY 40622

Check each box to confirm that the application packet is complete.

- ☐ Completed application
☐ Résumé
☐ Unofficial transcript
☐ One letter of recommendation (*Recommendation must be from non-family member.*)

SECTION 1: APPLICANT INFORMATION

FIRST NAME	LAST NAME	SOCIAL SECURITY #	
MAILING ADDRESS (street)	CITY	STATE	ZIP
PHONE	EMAIL		

SECTION 2: COLLEGE INFORMATION (*List all colleges currently attending.*)

COLLEGE NAME	MAJOR	HOURS EARNED	CUMULATIVE GPA

1. Indicate the college program in which you are currently enrolled. ☐ Undergraduate ☐ Graduate
 2. Indicate the session in which you wish to enroll. ☐ Fall ☐ Spring ☐ Summer

SECTION 3: AREAS OF INTEREST (*Placement preferences are considered, but not guaranteed.*)

(*Select up to four preferences.*)

Cabinet Offices & Services:

- | | | |
|---|---|--|
| <input type="checkbox"/> Audits | <input type="checkbox"/> Budget & Fiscal Management | <input type="checkbox"/> Civil Rights & Small Business Development |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Human Resource Management |
| <input type="checkbox"/> Public Affairs | | |

Department of Highways:

- | | | |
|---|---|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Construction Procurement | <input type="checkbox"/> Environmental Analysis |
| <input type="checkbox"/> Highway Design | <input type="checkbox"/> Highway Safety | <input type="checkbox"/> Right of Way & Utilities |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Structural Design |

Department of Vehicle Regulation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver Licensing | <input type="checkbox"/> Motor Carriers | <input type="checkbox"/> Motor Vehicle Licensing |
|---|---|--|



KENTUCKY TRANSPORTATION CABINET
OFFICE FOR CIVIL RIGHTS & SMALL BUSINESS DEVELOPMENT

TC 18-15
Rev. 01/2025
Page 2 of 2

**BRIDGING OPPORTUNITIES TRAINING PROGRAM APPLICATION -
COLLEGE PROGRAM**

SECTION 4: APPLICANT SIGNATURE AGREEMENT

I certify that all the information given in this application is accurate and complete. I understand that a background check shall be conducted before any internship offer is made. All applicants shall sign and return by the assigned date.

SIGNATURE _____ **DATE** _____

KYTC Use Only

☐ Co-op ☐ Interim

Session enrolled: ☐ Fall ☐ Spring ☐ Summer

SIGNATURE APPROVAL _____ **DATE** _____