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Qualifications:

- 1. Applicant must be a Texas resident.
- 2. Applicant must be enrolled, or accepted for enrollment, in a College or University Surveying Program or surveying-related course of study.
- 3. Financial need as well as scholastic achievement will be a factor in determining scholarship recipients.

Documents required in support of the applications:

- 1. Current High School or College transcript.
- 2. In two typewritten pages or less, list the following:
 - a. Brief autobiography
 - b. Career plans
 - c. Reason for applying for this scholarship
 - d. Reason for choosing Land Surveying as a career
- 3. Letters of recommendation from:
 - a. Teacher or official of the educational institution you last attended;
 - b. Business or professional person who knows you;
 - c. Two people not related to you who have knowledge of you and your family for the last five years.
 - d. A letter of recommendation from your employer (if employed).
- 4. Completed, signed, original Scholarship application (ink, please, no pencil; no faxes)
- 5. If the applicant has previously received a Ch.12 scholarhip, only the updated application and current transcipt are required.

General Information:

1. To be considered for a particular semester, applications must be dated and received by the following deadlines:

Fall Semester - September 15

Spring Semester - February 1

Summer Semester - June 1

Applications dated after the stated deadlines will not be considered.

- 2. The number and amount of any scholarship awards will be determined solely by the TSPS Ch. 12 Board.
- 3. The TSPS Ch. 12 Board will forward the scholarship award to the recipient upon approval of the award at the next TSPS meeting.
- 4. Scholarship applications are generally considered by the Ch. 12 Board at their regularly scheduled meetings generally held quarterly.

Send completed application with all attachments to: tspschapter12@gmail.com

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Α.	General Information				
1.	Are you applying as a Full time or Part time	me student. (Please check one)	Date of this Application:		
2.	Are you working toward a College degree or	Self-improvement only?			
3.	Are you a previous Ch.12 Scholarship receipient?	Yes No If Ye	s, when?		
4.	Name (first) (midd	dle) (last)			
5.	Current address		City		
	State Zip	Phone <u>(</u>)			
6.	Permanent address		City		
	State Zip	Phone _()		
7.	Date of Birth Sex: Male F	Female U.S. Citizen?	Yes No		
8.	Are you a resident of Texas? Yes No	If yes, how long?	Years N	lonths	
В.	Advanced and continuing education (List seminars, v	workshops, conferences or profe	ssional/technical classes you've co	mpleted)	
	Title		Date		
	riue		Date		
	Title		Date		
C.	Educational Program				
1.	Name of Institution	tution Major:			
	Address	City	State Zip		
2.	Semester: Fall Spring Summer		Academic Year		
3.	# of credit hours enrolled in at present time	Date semester begins?	Date semester ends?		
4.	Please list the course name and number of semester	r hours for each class in which yo	ou are/will be enrolled:		
	Course Title		Credit Hours		
	Course Title		Credit Hours		
	Course Title		Credit Hours		
_	Course Title		Credit Hours		
	Course Title		Credit Hours		
	Course Title		Credit Hours		
	Course Title		Credit Houre		

5. Estimated Annual Expenses:	
Tuition/Fees:	Books:
Room/Board:	Other:
Total Estimated Annual Expenses:	
6. How much of the total expenses can you provide?	
7. How will you provide for this:	
8. Will your employer provide any financial aid? Yes] No
If yes, please explain:	
9. Will you receive any other type of financial aid or scholarship?	Yes No
If yes, please explain:	
D. School activities and leadership experience: (Please list any	extra-curricular activities, awards, clubs, offices held, etc.)
E. Professional affiliations:	
1. Are you a member of TSFI? Yes No Are	e you a member of TSPS?
2. Are you a member of any other professional organizations?	Yes No
If yes, please list:	
F. Military Record:	
1. Are you registered with the selective service?	Yes No
If not, please explain:	
2. Military Service: Yes No Branch of Service:	Service dates from to
G. Work Experience	
Your current employer:	
Business address:	
Business phone: _()	Annual Income:
Most recent employer:	
Type of business:	
Address:	Annual Income:
Phone: _() Reason for	

Н.	Marital Status: Single Married Divorced Widowed				
	Spouse's name:				
	Address:				
	Will spouse be attending college? Yes No				
	Spouses's occupation:				
	nnual Income: Under \$20,000 Under \$35,000 Under \$50,000 Over \$50,000				
	Number of dependent children: Ages: Ages:				
I. Parental Information:					
1.	Parents Marital Status:				
2.	2. Father's Name:				
	Address:				
	Occupation:				
	Annual Income: Under \$20,000 Under \$35,000 Under \$50,000 Over \$50,000				
3.	Mother's Name:				
	Address:				
	Occupation:				
	Annual Income: Under \$20,000 Under \$35,000 Under \$50,000 Over \$50,000				
4.	4. Total number of persons, including parents, in household:				
5.	Parents state of legal residence is: How long?				
Please provide any additional information you'd like considered as part of this application:					
TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION I HAVE PROVIDED HEREIN IS TRUE AND CORRECT.					
SI	GNATURE: DATE:				

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