

Please attach recent photo  
not smaller than 2"x2"  
or larger than 4"x6"  
preferably with a passport or  
driver's license type pose

**INDIANA SOCIETY OF PROFESSIONAL LAND SURVEYORS, INC.**

9100 Purdue Rd., Ste. 200 • Indianapolis, IN 46268  
Phone: 317-454-8309 • Fax: 317-280-8527 • info@ispls.org

Application for the

**PEGGY ARCHER MEMORIAL SCHOLARSHIP**

For the 2019-2020 Academic Year

Recipient will be recognized at the 2020 ISPLS Annual Convention Banquet

**Application deadline: April 1, 2019**

**Submit applications via mail to HWC Engineering, Attn: Michael Judt  
135 N. Pennsylvania Street, Suite 2800, Indianapolis, IN 46204  
or via e-mail at mjuddt@hwcengineering.com**

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Campus Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

**Education Information:**

High School Attended: \_\_\_\_\_ Year Graduated/ GED: \_\_\_\_\_

College/Vocational: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

**Employment Information (Starting with the most recent experience)**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Have you ever been convicted of a Felony: \_\_\_\_\_ YES \_\_\_\_\_ NO If YES – please explain: \_\_\_\_\_

**ISPLS, Inc. – PEGGY ARCHER MEMORIAL SCHOLARSHIP**

*(Please attach additional sheets if necessary.)*

Write a brief paragraph about the type of career in the land surveying profession which you hope to pursue.

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Are there people who have influenced your decision? Who and in what ways?

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Write a brief paragraph setting out some positions or experiences you have had in high school, college, church, club work, and elsewhere which you think will help qualify you for future leadership and responsibility.

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Current Grade Point Index: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Do you wish to have this application and the Supplemental Financial Data Form sent to ISPLS Chapters for consideration of additional scholarships? \_\_\_\_\_ Yes \_\_\_\_\_ No

If I am selected for a scholarship, award or prize, I authorize Vincennes University to release my name, major and hometown to the donor(s) and confirm that all criteria for selection were met. \_\_\_\_\_ Yes \_\_\_\_\_ No

By signing this form and submitting this application I [am allowing] attest to the accuracy and completeness and hereby authorize the Scholarship Committee of the Indiana Society of Professional Land Surveyors, Inc. to review and verify the accuracy of any and all information provided on or in support of this application.

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

**NOTES TO APPLICANT:**

1. Please attach your current ACADEMIC PROGRESS REPORT to this application.
2. Please have a faculty member and an employer for whom you have worked complete an appropriate rating form (attached). You are allowed to submit a maximum of three rating forms. Submitting only two forms will not prejudice your application. The third form must also be completed by a faculty member or an employer. Rating forms are not to be completed by members of the Scholarship Committee of ISPLS.

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**PEGGY ARCHER MEMORIAL SCHOLARSHIP**

**CONFIDENTIAL RATING SHEET**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Company / Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

The above student is applying for a scholarship from the Indiana Society of Professional Land Surveyors to pursue a curriculum in land surveying at Vincennes University. Your evaluation is an important consideration in this application. Please complete this form and deliver to HWC Engineering, Attn: Michael Judt, 135 N. Pennsylvania Street, Suite 2800, Indianapolis, IN 46204, or mjjudt@hwcengineering.com so that it is received before **April 1, 2019**.

Are you related to this applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please state the type of relationship: \_\_\_\_\_

If "no", how long have you known the applicant? \_\_\_\_\_

Furnish information on the nature or frequency of your contact with and observance of the applicant

\_\_\_\_\_  
\_\_\_\_\_

**EVALUATION OF SOCIAL AND PERSONAL ASSETS**

	Superior	Above Average	Average	Below Average	Comments
Cooperation					
Courtesy					
Dependability					
Industriousness					
Initiative					
Leadership					
Maturity					
Self-Control					
Personal Appearance					

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**ISPLS SCHOLARSHIPS - SUPPLEMENTAL FINANCIAL DATA FORM**

*(This form is a supplement form that may be used in aiding ISPLS Chapters in determining their scholarship recipients.)*

Legal Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Campus Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent, Spouse or Legal Guardian's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address, if different than the above Home Address: \_\_\_\_\_

\_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_ No. Dependents \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Number of brothers and sisters in family that are older than you \_\_\_\_\_ and younger than you \_\_\_\_\_.

Including yourself, how many members of your immediate family will be full-time students in college next year? \_\_\_\_\_

By signing this form and submitting this application I [am allowing] attest to the accuracy and completeness and hereby authorize the Scholarship Committee of the Indiana Society of Professional Land Surveyors, Inc. to review and verify the accuracy of any and all information provided on or in support of this application.

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