



# Texas Society of Professional Surveyors, Chapter 19

## Recurring Scholarship Application

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Date of this Application \_\_\_\_\_

### A. General Information:

1. Name \_\_\_\_\_  
(First) (Middle) (Last)
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

### B. Educational Program:

1. Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_
2. Semester: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Academic Year \_\_\_\_\_
3. Please list the course name and number of semester hours for each class in which you 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 \_\_\_\_\_
4. Do you receive any other type of financial aid or scholarship? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Please list date(s) (i.e. Fall semester 2000) of previous TSPS Chapter 19 scholarship  
\_\_\_\_\_  
\_\_\_\_\_

### C. Professional Affiliations:

1. Are you a member of TSPS? \_\_\_ Yes \_\_\_ No
2. Are you a member of any other professional organization(s)? \_\_\_ Yes \_\_\_ No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Completed applications may be submitted by email to: [tsps.rgv19@gmail.com](mailto:tsps.rgv19@gmail.com)

or

Send completed application with attachments to:

TSPS Chapter 19  
P.O. Box 97  
La Feria, TX, 78559