



# Texas Society of Professional Surveyors, Chapter 19

## Scholarship Application

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

### A. General Information:

1. Are you applying as a \_\_\_\_ Full time or \_\_\_\_ Part time student? (Please check one)
2. Are you working toward a \_\_\_\_ College degree or \_\_\_\_ Self-improvement only?
3. Name \_\_\_\_\_  
(First) (Middle) (Last)
4. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

### B. Advanced and continuing education:

1. List seminars, conferences or professional/technical classes etc. that you have completed)  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

### C. Educational Program:

1. Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Semester: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Academic Year \_\_\_\_\_
3. Number of credit hours enrolled in at present time \_\_\_\_\_
4. 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 _____
5. Estimated Annual Expenses:  
A. Tuition/Fees: \_\_\_\_\_  
B. Books: \_\_\_\_\_  
C. Room/Board: \_\_\_\_\_  
D. Misc. \_\_\_\_\_  
Total Estimated Annual Expenses: \_\_\_\_\_

6. Do you receive any other type of financial aid or scholarship? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain.

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**D. School Activities and Leadership Experience:**

1. List any awards, club activities, offices held, etc.

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**E. Professional Affiliations:**

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

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**F. Work Experience**

Your current/most recent employer \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_  
\_\_\_\_\_

**G. Marital Status:**

Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_  
Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Will spouse be attending college? \_\_\_\_ Yes \_\_\_\_ No  
Spouse's Occupation \_\_\_\_\_  
Number of Dependent Children \_\_\_\_\_ Ages \_\_\_\_\_

**H. Parental Information:**

1. Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
2. Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

Please provide any additional information you would like considered as part of this application:

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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  
PO Box 97  
La Feria, TX 78559