Qualifications:
1. Applicant must be a Resident of Atascosa, Bexar, Comal, Guadalupe, or Wilson Counties.
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 application:
1. Current High School or College transcript.
2. In at least one typewritten page, 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. A member of TSPS Chapter 11 who has knowledge of you or your family for the past two years.
   d. A letter of recommendation from your employer (if employed).
4. Completed, signed, original TSPS Alamo Chapter 11 Scholarship application (ink, please, no pencil; no faxes).
5. If applicant has previously received a TSPS Alamo Chapter 11 scholarship, only a Recurring Application and a current transcript are required.

General Information:
1. To be considered for a particular semester, applications must be received by the following deadlines:
   - August 31st - Fall semester
   - December 31st - Spring semester
   - May 31st – Summer Semester
2. The amount of each scholarship shall be $500, up to an annual maximum of $2,500. However, the number of scholarship awards for each semester will be determined solely by the TSPS Alamo Chapter 11 Board of Directors.
3. The TSPS Alamo Chapter Board of Directors will forward one-half the scholarship award to the recipient upon approval of the award; the balance will be sent upon receipt by the TSPS Alamo Chapter 11 Board of Directors of a copy of semester grades indicating successful completion of the course of study.
4. The TSPS Alamo Chapter Board of Directors will consider scholarship applications at their regular board meetings held in September, January and June.
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________________________________________Soc. Sec.___________________
   (First)         (Middle)   (Last)
4. Address________________________________________City_______________________________State__________________ Zip_____________
   Phone (____) _________________________FAX (____) __________________________
5. Date of Birth____________     U.S. Citizen? ____Yes____ No

B. Advanced and continuing education: (List seminars, conferences or professional/technical classes etc. that you have completed)
   Title ___________________________________                Date _______________________
   Title ___________________________________                Date _______________________

C. Educational Program:
1. Name of Institution _________________________________________________________
   Address_________________________________________________________________
   City______________________________________ State_____________ Zip__________
2. Semester: ____Fall ____Spring ____Summer   Academic Year_____________
3. # 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___________________
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:______________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

D. School Activities and Leadership Experience: (Please list any awards, club activities, offices held, etc.)______________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
E. Professional Affiliations:
1. Are you a member of TSPS? ____Yes ____No
   Is any family member a member of TSPS? ____Yes ____No
2. Are you a member of any other professional organization(s)? ____Yes ____No
   If yes, please list: __________________________________________________________
   __________________________________________________________________________
F. Work Experience
1. 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:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

SIGNATURE ___________________________________________ DATE______________________

Send completed application with attachments to: TSPS Alamo Chapter 11
Attn: Brett Walker
555 E. Ramsey
San Antonio, TX 78216
TSPS Alamo Chapter 11
Recurring Scholarship Application

Date of this Application_______________________

A. General Information:
1. Name________________________________________Soc. Sec.___________________
   (First)         (Middle)   (Last)
2. Address_________________________________________________________________
   City_______________________________State__________________ Zip_____________
   Phone (____) _________________________FAX (____) __________________________

C. 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___________________
5. Do you receive any other type of financial aid or scholarship? ____Yes ____No
   If yes, please explain:______________________________________________________
   _______________________________________________________________________

6. Please list date(s) (i.e. Fall semester 2000) of previous TSPS Alamo Chapter 11
   scholarship:______________________________________________________
   _________________________________________________________________
   _________________________________________________________________

E. 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______________________

Send completed application with attachments to:

TSPS Alamo Chapter 11
Attn: Brett Walker
555 E. Ramsey
San Antonio, TX 78216