Texas Surveyors Foundation, Inc.
Scholarship Information

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 Texas Surveyors Foundation, Inc. Scholarship application (ink, please, no pencil; no faxes)

5. If the applicant has previously received a TSFI scholarship, only the updated application and current transcript are required.

General Information:

1. To be considered for a particular semester, applications must be received by the following deadlines:
   - Fall Semester – September 15
   - Spring Semester – January 15
   - Summer Semester – May 1
   Applications received after the deadline may either be returned to the applicant or considered at the next regularly scheduled Board of Trustees meeting.

2. The number and amount of any scholarship awards will be determined solely by the TSFI Board of Trustees.

3. The TSFI Board of Trustees will forward one-half the scholarship award to the recipient upon approval of the award; the balance will be sent upon receipt of a copy of semester grades indicating successful completion of the course of study.

4. Scholarship applications are generally considered by the Board of Trustees at their regularly scheduled meetings in February, June, August and October.

Send completed application with all attachments to: Texas Surveyors Foundation, Inc.
2525 Wallingwood Drive #300
Austin TX 78746
Phone: 512-327-7871
Fax: 512-327-7872
Texas Surveyors Foundation, Inc.  
Scholarship Application

A. General Information

1. Are you applying as a ☐ Full time or ☐ Part time 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 TSFI Scholarship recipient?  Yes ☐ No ☐  If Yes, when? ____________

4. Name ____________________________ (first) ____________________________ (middle) ____________________________ (last)

5. Current address __________________________________________________________ City ____________________________
   State ____________________________ Zip ____________________________ Phone ( _______ ) ____________________________

6. Permanent address ______________________________________________________ City ____________________________
   State ____________________________ Zip ____________________________ Phone ( _______ ) ____________________________

7. Date of Birth ____________ Sex: ☐ Male ☐ Female  U.S. Citizen?  ☐ Yes ☐ No

8. Are you a resident of Texas?  ☐ Yes ☐ No  If yes, how long? ____________ Years ____________ Months

B. Advanced and continuing education (List seminars, workshops, conferences or professional/technical classes you’ve completed)

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C. Educational Program

1. Name of Institution ____________________________________________ 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 hours for each class in which you are/will be enrolled:

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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 you a member of TSPS?  [ ] Yes  [ ] No
   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
   1. Your current employer: __________________________________________________________
      Business address: ______________________________________________________________
      Business phone: (_____)____________________ Annual Income: ______________________
   2. Most recent employer: __________________________________________________________
      Type of business: ______________________________________________________________
      Position/Title: _________________________________________________________________
      Address: ____________________________________________________________ Annual Income: ______________________
      Phone: (_____)____________________ Reason for leaving: __________________________
H. Marital Status:  [ ] Single   [ ] Married   [ ] Divorced   [ ] Widowed

Spouse’s name: ________________________________________________________________

Address: ___________________________________________________________________

Will spouse be attending college?  [ ] Yes  [ ] No

Spouse’s occupation: ___________________________________________________________

Annual Income:  [ ] Under $20,000  [ ] Under $35,000  [ ] Under $50,000  [ ] Over $50,000

Number of dependent children: ___________________________________ Ages: ______________________

I. Parental Information:

1. Parents Marital Status:  [ ] Married   [ ] Divorced   [ ] Widowed

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. 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.

SIGNATURE: ___________________________ DATE: _______________________________

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