Texas Society of Professional Surveyors, Chapter 19
Recurring Scholarship Application

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. 1. Are you a member of TSPS? ____Yes____ No

2. 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
or
Send completed application with attachments to:          TSPS Chapter 19
                                                        P.O. Box 97
                                                        La Feria, TX, 78559