Texas Society of Professional Surveyors, Chapter 19
Scholarship Application

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___________________

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:

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

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:
   ____________________________________________________________
   ____________________________________________________________

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:  tps.rgv19@gmail.com
or
Send completed application with attachments to:  TSPS Chapter 19
PO Box 97
La Feria, TX  78559