



VIRGINIA ASSOCIATION of SURVEYORS, INC.

Educational Trust

John Foster School Grant

Applicant: Please complete all sections of this application and mail to the Virginia Association of Surveyors Education Trust, 1856 Old Reston Avenue, Suite 205, Reston, VA 20190. Use N/A for questions that do not apply. Please type or print using ink. Appearance and completeness of application will be considered during evaluation. Complete applications (including evaluation forms and/or recommendation letters) must be received by July 1st to qualify for funds in the same calendar year.

I PERSONAL INFORMATION

A. NAME:

FIRST

MIDDLE

LAST

Email Address

B. HOME ADDRESS:

P. O. BOX OR NUMBER & STREET

CITY

STATE

ZIP

TELEPHONE

C. COLLEGE ADDRESS:

P. O. BOX OR NUMBER & STREET

CITY

STATE

ZIP

TELEPHONE

D. PHYSICAL IMPAIRMENTS: _____

E. DEPENDENT INFORMATION:
SPOUSE'S NAME _____
SPOUSE'S OCCUPATION _____
SPOUSE'S ANNUAL INCOME _____
NUMBER OF CHILDREN OR OTHER DEPENDENTS _____

F. PARENT OR GUARDIAN:
NAME _____
RELATIONSHIP _____
P. O. BOX OR NUMBER & STREET _____
CITY _____
STATE _____ ZIP _____
TELEPHONE _____

II SCHOLASTIC INFORMATION:
PROVIDE NAMES, CITY, AND STATE FOR ALL HIGH SCHOOLS, COLLEGES, OR UNIVERSITIES YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING WITH MOST RECENT FIRST. PROVIDE CURRENT GRADE POINT AVERAGE (WITH POINT SCALE) AND ACTUAL OR ANTICIPATED MONTH AND YEAR OF GRADUATION.

A. COLLEGE OR UNIVERSITY:
NAME _____
CITY/STATE _____
MONTH/YEAR _____ TO _____ MONTH/YEAR _____
DEGREE PROGRAM _____ GPA _____ SCALE _____
STATUS (FRESHMAN, SOPHOMORE, JUNIOR, SENIOR, GRADUATE) _____
MONTH/YEAR OF ANTICIPATED GRADUATION DATE _____

III. EMPLOYMENT HISTORY:
LIST BELOW FULL-TIME EMPLOYMENT, SUMMER EMPLOYMENT, OR OTHER PART-TIME
WORK, BRIEFLY EXPLAINING DUTIES AND RESPONSIBILITIES (BEGINNING WITH THE
MOST RECENT FIRST). IF PART-TIME WORK INDICATE NUMBER OF HOURS PER WEEK.
ATTACH ADDITIONAL SHEETS AS REQUIRED.

A.

FIRM NAME TYPE OF BUSINESS

ADDRESS

TELEPHONE

EMPLOYMENT DATES: FROM MONTH/YEAR TO MONTH/YEAR HOURS PER WEEK

SUPERVISOR'S NAME/JOB TITLE

JOB DUTIES/RESPONSIBILITIES

B.

FIRM NAME TYPE OF BUSINESS

ADDRESS

TELEPHONE

EMPLOYMENT DATES: FROM MONTH/YEAR TO MONTH/YEAR HOURS PER WEEK

SUPERVISOR'S NAME/JOB TITLE

JOB DUTIES/RESPONSIBILITIES

C.

FIRM NAME TYPE OF BUSINESS

ADDRESS

TELEPHONE

EMPLOYMENT DATES: FROM MONTH/YEAR TO MONTH/YEAR HOURS PER WEEK

SUPERVISOR'S NAME/JOB TITLE

JOB DUTIES/RESPONSIBILITIES

D.

FIRM NAME TYPE OF BUSINESS

ADDRESS

TELEPHONE

EMPLOYMENT DATES: FROM MONTH/YEAR TO MONTH/YEAR HOURS PER WEEK

SUPERVISOR'S NAME/JOB TITLE

JOB DUTIES/RESPONSIBILITIES

IV. FINANCIAL INFORMATION (OMIT ITEMS C THRU F IF SELF-SUPPORTED)

A. \$ _____
ANNUAL INCOME (ALL SOURCES – EMPLOYMENT, INTEREST, TRUST, ETC. INCLUDE SPOUSES INCOME FROM ITEM I(E)).

B. PERCENT OF COLLEGE AND LIVING EXPENSES YOU EXPECT TO PROVIDE _____ %

C. _____ ANNUAL INCOME
FATHER/LEGAL GUARDIAN OCCUPATION

D. _____ ANNUAL INCOME
MOTHER/LEGAL GUARDIAN OCCUPATION

E. PLEASE LIST OR EXPLAIN ANY UNUSUAL CIRCUMSTANCES AFFECTING EITHER YOUR OR YOUR FAMILY'S ABILITY TO CONTRIBUTE TO COLLEGE EXPENSES.

F. INCLUDING YOURSELF, HOW MANY MEMBERS OF YOUR IMMEDIATE FAMILY WILL BE ATTENDING COLLEGE NEXT YEAR? _____

G. PROVIDE THE AMOUNT OF SUPPORT FROM THE FOLLOWING SOURCES. ATTACH ADDITIONAL SHEETS AS REQUIRED.

1. LOANS: _____
AMOUNT PER YEAR SOURCE

AMOUNT PER YEAR SOURCE

AMOUNT PER YEAR SOURCE

2. SCHOLARSHIPS: _____
AMOUNT PER YEAR SOURCE

AMOUNT PER YEAR SOURCE

AMOUNT PER YEAR SOURCE

3. OTHER: _____
AMOUNT PER YEAR SOURCE

AMOUNT PER YEAR SOURCE

V. ADDITIONAL INFORMATION:

A. WHY ARE YOU INTERESTED IN A SURVEYING CAREER? WHAT EVENT OR SERIES OF EVENTS CONTRIBUTED TO THIS DECISION? IF APPLICABLE, EXPLAIN HOW YOUR PREVIOUS WORK EXPERIENCES RELATE TO A SURVEYING CAREER.

B. ARE ANY MEMBERS OF YOUR IMMEDIATE FAMILY EMPLOYED IN THE SURVEYING INDUSTRY? _____

IF YES, PLEASE PROVIDE:

NAME RELATIONSHIP

EMPLOYER

JOB TITLE

NAME RELATIONSHIP

EMPLOYER

JOB TITLE

I agree that this application and all attachments may be used for the purposes of evaluation and selection for the Virginia Association of Surveyors Education Trust Scholarships.

Signature

Date

For high school graduates and other applicants not currently enrolled in a two or four year degree program, a letter of recommendation from a guidance counselor or Licensed Surveyor may be substituted for the attached Evaluation and Goal Form. Please have the evaluator mail the evaluation form or letter of recommendation to The Virginia Association of Surveyors, Education Trust, 1856 Old Reston Avenue, Suite 205, Reston, VA 20190.