



# VIRGINIA ASSOCIATION of SURVEYORS, INC.

Educational Trust  
**John Foster  
School Grant**

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**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 1<sup>st</sup> to qualify for a grant to attend the "John Foster School".

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**I PERSONAL INFORMATION**

**A. NAME:**

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST

\_\_\_\_\_  
Email Address

**B. HOME ADDRESS:**

\_\_\_\_\_  
P. O. BOX OR NUMBER & STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE/CELL NO.

**C. MAILING ADDRESS:**

\_\_\_\_\_  
P. O. BOX OR NUMBER & STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE/CELL NO.

SCHOLASTIC INFORMATION:

II 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

STATUS (FRESHMAN, SOPHOMORE, JUNIOR, SENIOR, GRADUATE)

MONTH/YEAR OF ANTICIPATED GRADUATION DATE

B. COLLEGE OR UNIVERSITY:

NAME

CITY/STATE

MONTH/YEAR TO MONTH/YEAR

DEGREE PROGRAM GPA SCALE

MONTH/DATE GRADUATION OR TRANSFER DATE

C. HIGH SCHOOL:

NAME

CITY/STATE

MONTH/YEAR TO MONTH/YEAR

CURRICULUM(COLLEGE PREP OR OTHER) GPA SCALE

MONTH/DATE OF ANTICIPATED OR ACTUAL GRADUATION DATE

III. CURRENT EMPLOYER:  
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.

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FIRM NAME TYPE OF BUSINESS

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ADDRESS

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TELEPHONE

---

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

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SUPERVISOR'S NAME/JOB TITLE

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JOB DUTIES/RESPONSIBILITIES

B.

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FIRM NAME TYPE OF BUSINESS

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ADDRESS

---

TELEPHONE

---

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

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SUPERVISOR'S NAME/JOB TITLE

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JOB DUTIES/RESPONSIBILITIES

IV. 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.

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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 by the Virginia Association of Surveyors Education Trustee for a grant to attend the "John Foster School".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date