



VIRGINIA ASSOCIATION of SURVEYORS, INC.

Education Trust
Scholarship Application

Applicant: Please complete all sections of this application and mail to the Virginia Association of Surveyors Education Trust, 10340 Democracy Lane, Suite 300, Fairfax, VA 22033. 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/CELL NO.

C. MAILING ADDRESS:

P. O. BOX OR NUMBER & STREET

CITY

STATE

ZIP

D. DEPENDENT INFORMATION: (OPTIONAL)

SPOUSE'S NAME

SPOUSE'S OCCUPATION

SPOUSE'S ANNUAL INCOME

NUMBER OF CHILDREN OR OTHER DEPENDENTS

E. PARENT OR GUARDIAN: (OPTIONAL)

PARENT'S NAME

OCCUPATION

P. O. BOX OR NUMBER & STREET

CITY

STATE ZIP

TELEPHONE

II SCHOLASTIC INFORMATION:
COLLEGES, OR UNIVERSITIES YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING WITH MOST RECENT FIRST, INCLUDE THE HIGH SCHOOL FROM WHICH YOU GRADUATED. 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

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 _____

D. 1. COLLEGES OR TRADE SCHOOLS TO WHICH YOU APPLYING/ TRANSFERING BUT HAVE NOT YET ENROLLED. _____
 NAME _____

 CITY/STATE _____

 COURSE _____

 MONTH/YEAR TO MONTH/YEAR _____

2. COMMUNITY COLLEGE OR UNIVERSITY TO WHICH YOU HAVE APPLIED AND PLAN TO TAKE SURVEY RELATED COURSES _____
 NAME _____

 CITY/STATE _____

 COURSE _____

 MONTH/YEAR TO MONTH/YEAR _____

* PLEASE BE ADVISED THAT PROOF OF ACCEPTANCE IS REQUIRED FOR AN APPLICATION TO BE CONSIDERED COMPLETE.

E. 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 SUBSTITUED FOR THE ATTACHED EVALUATION AND GOAL FORM. * **PLEASE HAVE THE EVALUATOR MAIL THE EVALUATION FORM OR LETTER OF RECOMMENDATION TO THE VIRGINIA ASSOICATION OF SURVEYORS, EDUCATION TRUST, 10340 DEMOCRACY LANE, SUITE 300, FAIRFAX, VA 22033.**

F. IF YOU ARE NOT CURRENTLY ENROLLED AT A COLLEGE OR UNIVERSITY OR ARE PLANNING TO TRANSFER TO ANOTHER SCHOOL, LIST BELOW THOSE COLLEGES TO WHICH YOU EITHER HAVE APPLIED OR INTEND TO APPLY (IN ORDER OF PREFERENCE). PROVIDE NAME, CITY, STATE, TYPE OF DEGREE PROGRAM, AND ANTICIPATED MONTH/YEAR OF GRADUATION. ATTACH ADDITIONAL SHEETS AS REQUIRED.

PROFF OF ACCEPTANCE IS REQUIRED FOR AN APPLICATION TO BE CONSIDERED COMPLETE.

COLLEGE/UNIVERISTY	CITY/STATE	DEGREE
PROGRAM	MONTH/YEAR GRADUATION	
COLLEGE/ UNIVERSITY	CITY/STATE	COLLEGE/
DEGREE PROGRAM	MONTH/YEAR GRADUATION	
UNIVERSITY	CITY/STATE	DEGREE
PROGRAM	MONTH/YEAR GRADUATION	

G. ARE YOU ENROLLED IN A COOPERATIVE EDUCATION PROGRAM _____
 IF YES, INCLUDE A COPY OF YOUR WORK/CLASS SCHEDUL

H. LIST BELOW ANY EXTRACURRICULAR ACTIVITIES (ATHLETICS, SCOUTS, KEY CLUB, HONOR SOCIETIES, ETC.) IN WHICH YOU PARTICIPATED DURING HIGH SCHOOL AND SINCE GRADUATION. INCLUDE ANY ELECTED OFFICES HELD. ATTACH ADDITIONAL SHEETS AS REQUIRED.

DURING HIGH SCHOOL:

SINCE HIGH SCHOOL:

I. IF YOU ARE ENROLLING IN A SURVEYING RELATED CLASS AT A COMMUNITY COLLEGE OR TRADE SCHOOL PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. COLLEGE/SCHOOL NAME
2. TITLE OF CLASS OR CLASSES AND DATES OF ATTENDANCE
3. CONFIRMATION LETTER OR RECEIPT CONFIMING REGISTRATION
4. COST OF TUITION FOR CLASS OR CLASSES

III. CURRENT OR MOST RECENT EMPLOYER (IF APPLICABLE):
LIST BELOW FULL-TIME EMPLOYMENT, SUMMER EMPLOYMENT, OR 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. PREVIOUS EMPLOYER

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 IF APPROPRIATE.

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

C. HOW MUCH FINANCIAL ASSISTANCE DO YOU EXPECT FROM FAMILY? _____

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

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

F. PROVIDE THE AMOUNT OF SUPPORT YOU EXPECT 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. TELL US WHY YOU ARE 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, 10340 Democracy Lane, Suite 300, Fairfax, VA 22033.