



VIRGINIA SURVEYORS FOUNDATION, LTD SCHOLARSHIP APPLICATION

for JOHN FOSTER MEMORIAL SCHOLARSHIP

Pertinent Information for Applicant

All applicants will be considered; however, Virginia residents or applicants who plan on practicing in Virginia will have priority over other applicants. All applicants should state clearly and concisely why they should be considered for a Virginia Surveyors Foundation Scholarship.

Applicant: Please complete all sections of this application and mail to the Virginia Surveyors Foundation, LTD, 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

E-MAIL

C. COLLEGE ADDRESS:

P. O. BOX OR NUMBER & STREET

CITY

STATE

ZIP

TELEPHONE

E-MAIL

D. 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

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. IF YOU HAVE NOT BEEN CONTINUOUSLY ENROLLED AS A FULL-TIME STUDENT SINCE HIGH SCHOOL GRADUATION, PROVIDE A CHRONOLOGICAL HISTORY OF YOUR ACTIVITIES (NON EMPLOYMENT) FOR ANY GAPS IN SCHOOL ENROLLMENT BEGINNING WITH HIGH SCHOOL GRADUATION UNTIL PRESENT TIME. INCLUDE BEGINNING/ENDING MONTH/YEAR FOR EACH ACTIVITY. ATTACH ADDITIONAL SHEETS AS REQUIRED.

- E. 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. **PROOF OF ACCEPTANCE IS REQUIRED FOR AN APPLICATION TO BE CONSIDERED COMPLETE.**

COLLEGE/UNIVERSITY CITY/STATE

DEGREE PROGRAM MONTH/YEAR GRADUATION

COLLEGE/UNIVERSITY CITY/STATE

DEGREE PROGRAM MONTH/YEAR GRADUATION

COLLEGE/UNIVERSITY CITY/STATE

DEGREE PROGRAM MONTH/YEAR GRADUATION

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

- G. LIST ALL EXTRACURRICULAR ACTIVITIES (ATHLETICS, SCOUTS, KEY CLUB, HONOR SOCIETIES, ETC.) IN WHICH YOU PARTICIPATED DURING HIGH SCHOOL AND COLLEGE. PROVIDE THE SPECIFIC PURPOSE FOR EACH ORGANIZATION AND ANY ELECTED OFFICES HELD. ATTACH ADDITIONAL SHEETS AS REQUIRED.

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. SCHOLARSHIP INFORMATION

A. PROVIDE THE AMOUNT OF SUPPORT FROM OTHER SCHOLARSHIPS.

1. SCHOLARSHIPS:

AMOUNT PER YEAR	SOURCE
_____	_____
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	_____

By signing this application, the applicant acknowledges the following:

- I understand that the Virginia Surveyors Foundation, LTD requires that the sole use of the scholarship will be for tuition payment unless the VSF Scholarship committee approves in writing use of the funds for specific education related expenses.
- I understand that Virginia Surveyors Foundation, LTD will pay the scholarship monies directly to the applicant and that I will be responsible for providing payment to the institution.
- I understand that failure to comply with these requirements could result in loss of the scholarship and that I may be asked to repay all amounts disbursed to me prior to such noncompliance.
- I agree that this application and all attachments may be used for the purposes of evaluation and selection for the Virginia Surveyors Foundation, LTD Scholarships.
- I further certify that all information contained within this application is complete and accurate to the best of my knowledge.

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 Surveyors Foundation LTD, 10340 Democracy Lane, Suite 300, Fairfax, VA 22033.

REVISED 2/28/2011