



VIRGINIA ASSOCIATION of SURVEYORS, INC. Educational Trust

Applicant: Please complete all sections of this application and mail to the Virginia Association of Surveyors Education Trust, 8752 Landmark Road, Richmond, Virginia 23228. 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

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 _____

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. 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, 8752 Landmark Road, Richmond, Virginia 23228.