

# Texas Surveyors Foundation, Inc.

## Scholarship Information

### Qualifications:

1. Applicant must be a Texas resident.
2. Applicant must be enrolled, or accepted for enrollment, in a College or University Surveying Program or surveying-related course of study.
3. Financial need as well as scholastic achievement will be a factor in determining scholarship recipients.

### Documents required in support of the applications:

1. Current High School or College transcript.
2. In two typewritten pages or less, list the following:
  - a. Brief autobiography
  - b. Career plans
  - c. Reason for applying for this scholarship
  - d. Reason for choosing Land Surveying as a career
3. Letters of recommendation from:
  - a. Teacher or official of the educational institution you last attended;
  - b. Business or professional person who knows you;
  - c. Two people not related to you who have knowledge of you and your family for the last five years.
  - d. A letter of recommendation from your employer (if employed).
4. Completed, signed, original Texas Surveyors Foundation, Inc. Scholarship application (ink, please, no pencil; no faxes)
5. If the applicant has previously received a TSFI scholarship, only the updated application and current transcript are required.

### General Information:

1. To be considered for a particular semester, applications must be received by the following deadlines:

Fall Semester – September 15

Spring Semester – January 15

Summer Semester – May 1

Applications received after the deadline may either be returned to the applicant or considered at the next regularly scheduled Board of Trustees meeting.
2. The number and amount of any scholarship awards will be determined solely by the TSFI Board of Trustees.
3. The TSFI Board of Trustees will forward one-half the scholarship award to the recipient upon approval of the award; the balance will be sent upon receipt of a copy of semester grades indicating successful completion of the course of study.
4. Scholarship applications are generally considered by the Board of Trustees at their regularly scheduled meetings in February, June, August and October.

Send completed application with all attachments to:

Texas Surveyors Foundation, Inc.  
2525 Wallingwood Drive #300  
Austin TX 78746  
Phone: 512-327-7871  
Fax: 512-327-7872

# Texas Surveyors Foundation, Inc.

## Scholarship Application

### A. General Information

1. Are you applying as a  Full time or  Part time student. (Please check one) Date of this Application: \_\_\_\_\_
2. Are you working toward a  College degree or  Self-improvement only?
3. Are you a previous TSFI Scholarship recipient? Yes  No  If Yes, when? \_\_\_\_\_
4. Name \_\_\_\_\_  
(first) (middle) (last)
5. Current address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
6. Permanent address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
7. Date of Birth \_\_\_\_\_ Sex:  Male  Female U.S. Citizen?  Yes  No
8. Are you a resident of Texas?  Yes  No If yes, how long? \_\_\_\_\_ Years \_\_\_\_\_ Months

### B. Advanced and continuing education (List seminars, workshops, conferences or professional/technical classes you've completed)

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Title	Date
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Title	Date
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### C. Educational Program

1. Name of Institution \_\_\_\_\_ Major: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Semester:  Fall  Spring  Summer \_\_\_\_\_ Academic Year \_\_\_\_\_
3. # of credit hours enrolled in at present time \_\_\_\_\_ Date semester begins? \_\_\_\_\_ Date semester ends? \_\_\_\_\_
4. Please list the course name and number of semester hours for each class in which you are/will be enrolled:

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Course Title	Credit Hours
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Course Title	Credit Hours
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Course Title	Credit Hours
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Course Title	Credit Hours
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Course Title	Credit Hours
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Course Title	Credit Hours
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Course Title	Credit Hours
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5. Estimated Annual Expenses:

Tuition/Fees: \_\_\_\_\_ Books: \_\_\_\_\_

Room/Board: \_\_\_\_\_ Other: \_\_\_\_\_

Total Estimated Annual Expenses: \_\_\_\_\_

6. How much of the total expenses can you provide? \_\_\_\_\_

7. How will you provide for this: \_\_\_\_\_

8. Will your employer provide any financial aid?  Yes  No

If yes, please explain: \_\_\_\_\_

9. Will you receive any other type of financial aid or scholarship?  Yes  No

If yes, please explain: \_\_\_\_\_

D. School activities and leadership experience: (Please list any extra-curricular activities, awards, clubs, offices held, etc.)

E. Professional affiliations:

1. Are you a member of TSFI?  Yes  No Are you a member of TSPS?  Yes  No

2. Are you a member of any other professional organizations?  Yes  No

If yes, please list: \_\_\_\_\_

F. Military Record:

1. Are you registered with the selective service?  Yes  No

If not, please explain: \_\_\_\_\_

2. Military Service:  Yes  No Branch of Service: \_\_\_\_\_ Service dates from \_\_\_\_\_ to \_\_\_\_\_

G. Work Experience

1. Your current employer: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: (\_\_\_\_\_) \_\_\_\_\_ Annual Income: \_\_\_\_\_

2. Most recent employer: \_\_\_\_\_

Type of business: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

H. Marital Status:  Single  Married  Divorced  Widowed

Spouse's name: \_\_\_\_\_

Address: \_\_\_\_\_

Will spouse be attending college?  Yes  No

Spouses's occupation: \_\_\_\_\_

Annual Income:  Under \$20,000  Under \$35,000  Under \$50,000  Over \$50,000

Number of dependent children: \_\_\_\_\_ Ages: \_\_\_\_\_

I. Parental Information:

1. Parents Marital Status:  Married  Divorced  Widowed

2. Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income:  Under \$20,000  Under \$35,000  Under \$50,000  Over \$50,000

3. Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income:  Under \$20,000  Under \$35,000  Under \$50,000  Over \$50,000

4. Total number of persons, including parents, in household:

5. Parents state of legal residence is: \_\_\_\_\_ How long? \_\_\_\_\_

Please provide any additional information you'd like considered as part of this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION I HAVE PROVIDED HEREIN IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Send completed application with all attachments to: Texas Surveyors Foundation, Inc.  
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