SCHOLARSHIP APPLICATION IOWA PROFESSIONAL SURVEYORS FOUNDATION 1080 Jordan Creek Parkway, Suite 106C, West Des Moines, Iowa 50266 515-284-7055 FAX 515-284-7301 E-mail: info@slsi.org

PERSONAL INFORMATION

NAME: Last		
Last	First	Middle or Initial
PERMANENT MAILING	ADDRESS:	
CURRENT MAILING AD	DRESS:	
CURRENT TELEPHONE	NUMBER:	
PLACE OF BIRTH:	DATE State/Country	C OF BIRTH:
GRADUATE OF	HIGH SCHOOL AT Cit	
	Cit	ty State/Country
MARITAL STATUS:	NO. OF CHI	ILDREN:
LIST WORK EXPERIENC	CE:	
I	NSTITUTIONAL INFORMA	ΓΙΟΝ
EDUCATIONAL INSTITU	TION ATTENDING:	
COURSE OF STUDY AND	DEGREE EXPECTED:	
EXPECTED GRADUATIC	ON DATE:	
	Month	Year

CONTACT FACULTY MEMBER:

CONTACT FACULTY TELEPHONE NUMBER:

OTHER EDUCATIONAL INSTITUTIONS ATTENDED:

OTHER DEGREES RECEIVED:

Please attach a copy of an official transcript from your current educational institution showing the courses you have completed and the grades you have received in them. Please also prepare and submit a letter, in your own words and addressed to the Iowa Professional Surveyors Foundation, explaining why you are applying for this scholarship assistance and why you should receive consideration. Please remark upon your community service activities and discuss your career goals in this letter. This scholarship application form with attached transcript and letter constitute the major information upon which the Iowa Professional Surveyors Foundation will make scholarship awards.

CERTIFICATION

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. I further agree to provide to the Iowa Professional Surveyors Foundation, upon request, reasonable evidence of my educational activities pursued following the receipt of any scholarship assistance from said Foundation.

SIGNATURE OF APPLICANT:

DATE SUBMITTED: