## SCHOLARSHIP APPLICATION IOWA PROFESSIONAL SURVEYORS FOUNDATION

100 Court Avenue, Suite 203 Des Moines, Iowa 50309 515/284-7055

## PERSONAL INFORMATION

NAME:			
Last		First	Middle or Initial
PERMANENT MAILI	NG ADDDRESS:		
	-		
CURRENT MAILING	ADDRESS:		
	-		
CURRENT TELEPHO	ONE NUMBER:		
PLACE OF BIRTH:			
	City	State	Country
DATE OF BIRTH:			
GRADUATE OF		HIGH SCHOOL AT	
			City/State/Country
MARTIAL STATUS:		NO. OF CHILDREN:	
LIST WORK EXPERI	ENCE:		

## INSTITUTIONAL INFORMATION

NAME OF UNIVERSITY/COLLEGE ATTENDING:
COURSE OF STUDY AND DEGREE EXPECTED:
EXPECTED GRADUATION DATE:
CONTACT FACULTY MEMBER:
CONTACT FACULTY MEMBER TELEPHONE NUMBER:
OTHER UNIVERSITIES/COLLEGES ATTENDED:
OTHER UNIVERSITIES/COLLEGES DEGREES RECEIVED:
Please attach a transcript from your current university/college 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.
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 agreed 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: