

124 Walnut Street, Frankfort, KY 40601 • www.kaps1.com

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2016 KENTUCKY ASSOCIATION OF PROFESSIONAL SURVEYORS SURVEYING SCHOLARSHIP APPLICATION FORM

Application Deadline: Friday, November 18, 2016. All applications <u>must</u> <u>be</u> postmarked (hard copy via U.S. postal service) by said deadline date.

Maximum award, \$2,000.00

Name:
Home Address:
Phone Number & Email Address
Name of College or University:
Your School Address:
Your School Phone:
Social Security Number:
Date of Birth:
Year of Study:
Anticipated Graduation Date:
Degree Objective (A.S.; B.S.; M.S.; etc.):
*Current Cumulative Grade Point Average:
Major Field(s) of Study:

NOTE: Applicant shall attach a current transcript to this application form.

^{*}If you are a high school student, please submit your cumulative average grade based on a 4-point system.

(Attach additional information for any item if necessary.)

14.	Degrees Held (Date):
15.	Are you a member or student member of the Kentucky Association of Professional Surveyors (KAPS)? Yes / No: If yes, are you a Full Member or Student Member ? What Chapter / Chapter Area? or Student Chapter Name?
16.	Are you a member or student member of a professional surveying society outside Kentucky? Yes / No organization? Member Class
17.	Are you a direct relative (i.e. child, grandchild, brother, sister) of a KAPS member? Yes / No If yes, what relationship? KAPS Member name
18.	Are you a direct relative of a member of a professional surveying society outside Kentucky? Yes / No. If yes, what relationship?Out-of-state professional surveyor's name
19.	Applicant must attach a recommendation from your advisor or instructor and a copy of your current transcript to this application. <i>Incomplete and unsigned applications will not be considered</i> . Please provide an answer for each question.
20.	Why are you interested in studying land surveying?
21.	What are your career objectives with regard to land surveying?
22.	What are your goals after college graduation?
23.	Do you work while attending school? full time part-time none
24.	Marital Status: Single Married Divorced
25.	If you work, what is <u>your</u> estimated annual income?
26.	Including yourself, how many members of your immediate family will be full-time college students next year?
27.	How are you paying for your higher education (college or technical school)? Describe briefly:
	A. Family
	B. Part-time work
	C. Summer work D. Savings
	E. Grant (what type)
	F. Loans or Scholarship (what type)
	G. Veterans benefits
	H. Other Sources

	(Attach additional information for any item if necessary.)
28.	Will you require financial aid to complete your schooling? If yes, please explain:
29.	Who / what most influenced your decision to study Land Surveying?
30.	Do you currently hold A. LSIT certificate ? (Y/N) B. Land Surveying license ? (Y/N)
31.	Comments (attach additional sheets if necessary)
	undersigned, hereby certify that all the information is true and correct to the best of my knowledge and A copy of my advisor / instructor recommendation and a copy of my current transcript are hed.
Signa	nure Date
Printe	d Name:

By signing this application form, I am allowing the Kentucky Association of Professional Surveyors Scholarship Award Committee to review and verify the accuracy of any and all information provided and to secure additional information as necessary in support of this application. This **completed and duly signed** application form shall become the property of the KAPS Scholarship Committee upon receipt. I hereby authorize KAPS to forward this application, as may occur from time to time, to the Ladies Auxiliary for consideration by said organization's scholarship committee.

Date

NOTE: This scholarship application will remain valid for consideration during the current KAPS administrative year only. Questions concerning this application may be answered by calling John St. Clair at 502-538-6616 or by email at jjsaint@windstream.net.

Submit applications to:

John St. Clair Chairman, KAPS Scholarship Committee 138 Willow Wood Drive Mt. Washington, KY 40047-7270

Witnessed by: _____

Printed Name:

(Rev. 09/2016)