



# **VIRGINIA SURVEYORS FOUNDATION, LTD SCHOLARSHIP APPLICATION**

## **for JOHN FOSTER MEMORIAL SCHOLARSHIP**

### **Pertinent Information for Applicant**

All applicants will be considered; however, Virginia residents or applicants who plan on practicing in Virginia will have priority over other applicants. All applicants should state clearly and concisely why they should be considered for a Virginia Surveyors Foundation Scholarship.

Applicant: Please complete all sections of this application and mail to the Virginia Surveyors Foundation, LTD, 1856 Old Reston Ave, Suite 205, Reston, VA 20190. 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 1<sup>st</sup> to qualify for funds in the same calendar year.

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**I PERSONAL INFORMATION**

A. NAME:

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST

\_\_\_\_\_  
EMAIL ADDRESS

B. HOME ADDRESS:

\_\_\_\_\_  
P. O. BOX OR NUMBER & STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
E-MAIL

C. COLLEGE ADDRESS:

\_\_\_\_\_  
P. O. BOX OR NUMBER & STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
E-MAIL

D. 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.

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**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.

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FIRM NAME TYPE OF BUSINESS

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ADDRESS

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TELEPHONE

---

EMPLOYMENT DATES: FROM MONTH/YEAR TO MONTH/YEAR HOURS PER WEEK

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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

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SUPERVISOR'S NAME/JOB TITLE

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JOB DUTIES/RESPONSIBILITIES





**By signing this application, the applicant acknowledges the following:**

- I understand that the Virginia Surveyors Foundation, LTD requires that the sole use of the scholarship will be for tuition payment unless the VSF Scholarship committee approves in writing use of the funds for specific education related expenses.
- I understand that Virginia Surveyors Foundation, LTD will pay the scholarship monies directly to the applicant and that I will be responsible for providing payment to the institution.
- I understand that failure to comply with these requirements could result in loss of the scholarship and that I may be asked to repay all amounts disbursed to me prior to such noncompliance.
- I agree that this application and all attachments may be used for the purposes of evaluation and selection for the Virginia Surveyors Foundation, LTD Scholarships.
- I further certify that all information contained within this application is complete and accurate to the best of my knowledge.

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**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 Surveyors Foundation LTD, 1856 Old Reston Ave, Suite 205, Reston, VA 20190.

REVISED 2/28/2011