Surveying Education Foundation of Texas, Inc.

REVISION DATE: JUNE 1, 2021

Scholarship Information

Qualifications:

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

Documents required in support of the application:

- 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 past five years.
 - d. A letter of recommendation from your employer (if employed).
- 4. Completed Surveying Education Foundation of Texas Scholarship application.

General Information:

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

Fall semester September 15 Spring semester February 1

Applications received after the deadline will be returned unopened.

- 2. The number and amount of any scholarship awards will be determined solely by the S.E.F.T. Board of Trustees.
- 3. The S.E.F.T. 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 by the Board of Trustees of a copy of semester grades indicating successful completion of the course of study.

Send completed application with attachments to:

Surveying Education Foundation of Texas, Inc. 1595 East Grande Blvd. Tyler, Texas 75703

SURVEYING EDUCATION FOUNDATION OF TEXAS, INC. S.E.F.T.

Scholarship Application Form

Revision Date: June 1, 2021

Α.	General Information	
1.	Are you applying as a	e) Date of this Application:
2.	Are you working toward a College degree or Self-improvement only?	
3.	Are you a previous SEFTScholarship receipient? Yes No If Yes	s, 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
В.	Advanced and continuing education (List seminars, workshops, conferences or pro	ofessional/technical classes you've completed)
	Title	Date
	Tiue	Date
	Title	Date
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:
	O T'II.	0
	Course Title	Credit Hours
	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?] 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 e	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:	
Are you registered with the selective service?	es No
If not, please explain:	
2. Military Service: Yes No Branch of Service:	Service dates from to
G. Work Experience	
Your current employer:	
Business address:	
Business phone: _()	Annual Income:
Most recent employer:	
Type of business:	Position/Title:
Address:	Annual Income:
Phone: _() Reason for	

H. Marital Status: Single Married Divorced Widowed				
Spouse's name:				
Address:				
Will spouse be attending college?				
Spouses's occupation:				
Annual Income: Under \$20,000 Under \$35,000 Under \$50,000 Over \$50,000				
Number of dependent children: Ages: 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:				
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: Surveying Education Foundation of Texas, Inc. 1595 East Grande Blvd. Tyler, Texas 75703				
Applicant's E-Mail:				