# Undergraduate Land Surveying Scholarship For Bachelor Degree Students

Administered by:

The Joseph E. Glickman Memorial Scholarship Fund, Inc.

Applicant Name: \_\_\_\_\_

# $\Box$ Sophomore, $\Box$ Junior or $\Box$ Senior

## UNDERGRADUATE LAND SURVEYING SCHOLARSHIP FOR BACHELOR DEGREE STUDENTS

Return to: The Joseph E. Glickman Memorial Scholarship Fund, Inc. C/O GVLSA, C/O Jared Ransom, LS 4509 Allen's Hill Road, Honeoye, NY 14471 by November 15<sup>th</sup> of each year.

Applicant Name:			
(last)		(first)	(middle or initial)
Address:			
Town:			
State:	Zip:	Phone: (	)
Parents or Guardians			
Town:		County:	
State:	Zip:	Phone: (	))
Parents or Guardians Total (combined)	Income:		
Amount available for your education:			
College			
Address			
Town		State	Zip
Telephone ()	_ Teacher/Adviso	or	
Curricula Pursued:	S	Scholastic Standing:	GPA:
Part time work during the school year?	□ Yes	□ No	
If yes, Employer:			
May we contact employer? $\Box$ Yes	□ No	Employer's Phone:	· ()
Length of Service (from):(If more than one employer, feel free to			
Other Education?	] No		
If yes, describe:			

## PERSONAL REFERENCE

Name					
Address					
Town					
State		Zip	Phone	()	
	A	CADEMIC R	EFERENCE		
Teacher's Name					
Address					
Town					
State		Zip	Phone	()	
Note: Any reference or to	eacher may supply add	itional commer	tary or recommendati	ons for you on a sep	varate sheet.
]	ESTIMATED EDU	CATIONAL	EXPENSES PER S	SEMESTER	
	Required	Fa	mily Provided	Other	*
Tuition					
Fees					
Books, etc.					
Room & Board					
Total					
*Other may be grants,	loans or planned part	time work.			
Is part time work plann	ned? 🗆 Yes	□ No			
TRANSCRIPT OF RE	CORDS REQUIRED	:□ Enclosed	□ Separat	te	
<b>RESUME REQUIRE</b>	D:	□ Se	eparate		
NYSAPLS STUDENT	Г MEMBER?	□ Yes	□ No		

Applicant Name: \_\_\_\_\_

#### COMMUNITY ORGANIZATIONAL ACTIVITIES

Applicants are encouraged to submit additional information listing community and organizational activities.

Please list any other activities and/or awards that you feel will assist the scholarship selection committee on a separate sheet.

#### ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION IS ENCOURAGED

Please answer the following question as clearly and concisely as you can. You may use additional sheets as necessary. What has prompted you to pursue a career in surveying?

#### CERTIFICATION

I hereby understand and accept that this grant will be used to further my education. Should I choose to leave the surveying curricula to pursue another academic endeavor, or terminate my studies prior to completion, this grant will become a zero interest loan, which will be paid back to The Joseph E. Glickman Memorial Scholarship Fund, Inc., on the basis of terms to be agreed upon by myself, counsel (if desired) and The Joseph E. Glickman Memorial Scholarship Fund, Inc.

Signature	Date
Parent or Guardian (if a minor)	Date
Counsel	Date

Note: If you wish to waive counsel, please sign "waived," your name and the date in the space provided for counsel's signature.

#### **Basis of the Award**

The award will be made to the recipient for one academic year only. The same recipient can re-apply for a subsequent year by submitting a new or revised application.

#### **Eligibility Criteria**

You must be a sophomore, junior or senior in a surveying program within New York State, accredited by ABET and/or New York State Education Department, in active pursuit of a bachelor degree in Surveying or a related field, i.e., Cartography or Geodesy.

Personal interest, academic ability, personal references and financial need will be evaluated in determining the successful recipient. All data and material contained in and supplemental to this application will be used only by The Joseph E. Glickman Memorial Scholarship Fund, Inc., Scholarship Committee, and only to evaluate prospective candidates for determining the successful recipient.

Incomplete applications may not be considered.