

NEW HAMPSHIRE LAND SURVEYORS FOUNDATION

N.H.L.S.A. SCHOLARSHIP APPLICATION

- Purpose:** The purpose of the "N.H.L.S.A. Scholarship" is in recognition of the New Hampshire Land Surveyors Association commitment to the continuing education of our youth.
- Intent:** This award is limited to any family member - spouse, child, grandchild, or direct dependent - of a NHLSA member, who has been in good standing for a minimum of three years. It may be given to a student in either their 1st, 2nd, 3rd, or 4th year of college or post graduate work.
- Priorities:** The first priority for selection is financial need, with the second priority being grades. The award may be given to a student in any occupation/field he/she chooses.
- Deadline:** Applications will be posted on the N.H.L.S.A. website at www.nhlsa.org and must be submitted by **March 31st** to: **NHLSF** - PO Box 689 - Raymond, NH 03077-0689
- Selection:** Selection will be made by the NHLSF Scholarship Committee and will award the scholarship at the N.H.L.S.A. Summer Quarterly Meeting each year.
- Award:** The amount of this scholarship shall not exceed 4% of the actual fund balance in any given year. Contributions to this scholarship fund will be solely from donations directly to this fund and The N.H.L.S.F. will be the trustee for this fund.

I understand that the New Hampshire Land Surveyors Foundation requires that the sole use of the scholarship will be for tuition payment unless the NHLSF Board of Trustees approves in writing use of the funds for specific education-related expenses. I hereby certify that, if selected, I will use the scholarship solely for tuition payment or specific-related expenses approved in writing by the NHLSF Board of Trustees and agree to provide verification of the same upon request. I understand that failure to comply with this requirement will result in loss of the scholarship and agree to repay all amounts disbursed to me prior to such noncompliance.

Witness

Applicant

Date

Date

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Applicant Name _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian _____
(member)

Address _____

City _____ State _____ Zip _____

County _____ Telephone _____

Brothers _____

Sisters _____

Parents'/Guardians Total (combined) Income _____

Amount available to finance your education _____

(Note: Financial need is the first priority.)

High School:

High School Name _____

Address _____

Telephone _____ Teacher/Advisor _____

Curricula _____ Scholastic Standing _____ **G.P.A.** _____

College: (Transcripts Necessary)

Name/Program/Department _____

Address _____

Telephone _____ Teacher/Advisor _____

Curricula _____

Semester credits completed to date _____ **G.P.A.** _____

Semesters needed to graduate not including the current semester _____

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Student Activities:

Hobbies _____

Clubs _____

Are you working part-time during the scholastic year? _____

If yes: Employer _____ Position _____

May we contact your employer? _____ Telephone _____

Length of service (from) _____ (to) _____

Other Previous Education? _____ If yes: Describe _____

References:

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name of
Teacher/Professor _____ Telephone _____

Address _____

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Essay:

Please tell us about your professional aspirations. What are your goals in college and afterwards. Are there factors which make you particularly deserving of support?
(You may use additional sheets as necessary.)