

MISSOURI SOCIETY OF PROFESSIONAL SURVEYORS

722 E. Capitol Avenue, PO Box 1342
JEFFERSON CITY, MISSOURI 65102
(573) 635-9446 * fax: (573) 635-7823
www.missourisurveyor.org

**APPLICATION FOR
ROBERT V. PIRRIE MEMORIAL SCHOLARSHIP
(\$1,500.00 non-renewable)**

Section I. Information to be supplied by applicant:

Please Print
Name in Full

first

full middle name

last

Date of Birth

mm/dd/yy

Male

Female

Birthplace

town/state

Full Name of
Parent or Guardian

street or route number

city

county

state

zip code

Father's Occupation

Mother's Occupation

Number of brothers and sisters older than you _____ younger _____

In the space below, briefly summarize your school, church and community activities. List organizations of which you are a member and offices held:

Reason why it is necessary for applicant to receive a scholarship?

How will this scholarship help you attain your future goals? _____

What college or university do you plan to attend and its location? _____

What courses? _____

Date you expect to enter: (Month and year) _____

Degree you are working toward: _____

Please list all other scholarships, awards or financial aids for which you have applied, or have been granted (indicate which) for the coming school years.

Name of Financial Aid

Value

Has it been granted to you?

Indicate what you have done in planning ahead to help meet your anticipated college expenses. How have you earned or saved money, and what will be your plans for the coming summer?

The Applicant herewith consents that the Scholarship Selection Committee is fully informed as to the Applicant's scholastic standing, character, and other factors having a bearing on this Application. The Applicant also agrees to enroll in Scholarship Selection Committee approved surveying related courses in pursuit of a land surveying profession.

Guardian Signature

Applicant Signature

AFTER YOU HAVE COMPLETED YOUR PORTION OF THIS APPLICATION, PRESENT THIS TO YOUR PRINCIPAL OR COUNSELOR FOR HIS CERTIFICATION.

Section II. Information to be supplied by Principal or Counselor:

This is to certify that the applicant ranked _____ on the first six semesters of work in a class of _____ seniors.

GPA: _____

Date of high school graduation _____. The applicant has taken the following college aptitude test(s):

<u>Name of Test</u>	<u>Raw Score(s)</u>	<u>Date Tested</u>

The Committee would appreciate a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration. Thanks.

Dated this _____ day of _____, 20__.

Principal or Counselor

Name of School

Address of School

Missouri Society of Professional Surveyors

Robert V. Pirrie Memorial Scholarship

Scholarship Guidelines

1. The purpose of this award is to encourage students going to college to major in land surveying or a land surveying related field.
2. The criteria for selection of a candidate includes:
 - a) Scholastic promise and potential for completion of college studies.
 - b) Student's enrollment in classes and/or participation in activities related to the land surveying field. These might include mathematics, topography, and drafting, etc.
 - c) The student must be enrolled in and accepted at an accredited college, junior college or university.
3. The payment for the semester and/or term will be paid by check. The check will be made out to the student's school.
4. The scholarship is **not renewable**.
5. The scholarship will be presented at the school's Honor Assembly, if applicable.
6. The scholarship will be awarded based on scholarship, leadership, activities and need.
7. No applicant will be denied eligibility for a scholarship on the basis of race, creed, color, sex, or national origin.
8. **Applicant, in addition to the application form, must submit a transcript of their academic record at their institution and one letter of recommendation.**

Deadline for 2012 Scholarship application is March 31, 2012.

Mail completed application, transcript and letter of recommendation to:

Missouri Society of Professional Surveyors
PO Box 1342
Jefferson City, MO 65102
Questions call – (573) 635-9446 or fax to (573) 635-7823