



NORTH DAKOTA SOCIETY OF PROFESSIONAL LAND SURVEYORS (NDSPLS) EAP AWARD APPLICATION

Name: _____ Date: _____

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Telephone Number: _____ Email Address _____

High School Attended: _____
(Name & Address) (Year Graduated)

College or University Accepted or Attending: _____
(Name & Address) (Curriculum)

Present Year and Semester _____
(1st Year, 2nd Year) (Fall Semester, Spring Semester) (Expected Graduation Date)

Please give a brief description of your Land Surveying Experience: _____
(Use an Attached Sheet)

Give a brief explanation of why you are interested in Land Surveying: _____
(Use an Attached Sheet)

This Award is partially based on financial need; please give a brief synopsis of your present situation:

(Use an Attached Sheet)

Give a brief history of your background: _____
(Use an Attached Sheet)

Give a brief explanation of your professional goals: _____
(Use an Attached Sheet)

Have you received any other Awards or Scholarships? _____ Yes, _____ No
If yes please list then beginning with the most recent:

Name _____ Date Received _____ Amount _____

Name _____ Date Received _____ Amount _____

ELIGIBILITY

1. Applicant must be enrolled or accepted for enrolment in a land surveying curriculum approved by the NDSPLS Education Assistance Program Committee.
2. Applicant must be enrolled or accepted for enrolment in a North Dakota College or University **or** Applicant must be a North Dakota resident.
3. Applications must be received in the NDSPLS Administrative Office no later than November 1 of each year.

The amount of each award and total number of awards will be determined by the NDSPLS Education Assistance Program Committee. Each Award is made by the Education Assistance Program Committee whose decision is final. The award is made without regard to race, color, creed, sex, national origin, physical handicap. The applicant agrees to hold harmless the NDSPLS, its officers and agents. The responsibility of this application including its delivery is the responsibility of the applicant.

SUBMIT THIS APPLICATION AND REQUIRED MATERIAL TO:

NDSPLS, Central Office
PO Box 7370
Bismarck, ND 58507

Telephone: 701-222-3499
E-mail: info@ndspls.org

I hereby certify that all information on this application is true and correct, I also understand that false information and/or deliberate omission from this application may be grounds for rejection of the application and withdrawal of any award granted. I agree that I will abide by all decisions made by the NDSPLS Education Assistance Program Committee and its agents regarding this application. By signing this application, I authorize any school official, teacher or counselor to make available to NDSPLS Education Assistance Program Committee any and all academic records which they may require. I also authorize NDSPLS Education Assistance Program Committee to contact all previous employers listed within this application.

Applicants Signature: _____ Date: _____