

The Joseph E. Glickman Memorial Scholarship Fund, Inc.

**Undergraduate  
Land Surveying Scholarships  
for  
Enrolled College Students**

Administered by

The Joseph E. Glickman Memorial Scholarship Fund, Inc.

**UNDERGRADUATE LAND SURVEYING SCHOLARSHIPS FOR ENROLLED COLLEGE STUDENTS**

**Return to: The Joseph E. Glickman Memorial Scholarship Fund., Inc., C/O GVLISA, C/O The Rochester Engineering Society, 150 State Street, Rochester, NY 14614-1307 by November 15<sup>th</sup> of each year.**

Applicant Name \_\_\_\_\_  
(last) (first) (middle or initial)

Address \_\_\_\_\_  
Town \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Parents or Guardians \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Parents'/Guardians' Total (combined) Income: \_\_\_\_\_  
Amount available to finance your education: \_\_\_\_\_

College \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Teacher/Advisor \_\_\_\_\_  
Curricula Pursued: \_\_\_\_\_ Scholastic Standing: \_\_\_\_\_ GPA: \_\_\_\_\_

Part time work during scholastic year?  Yes  No  
If yes, Employer: \_\_\_\_\_

May we contact employer?  Yes  No Employer's Telephone: ( ) \_\_\_\_\_  
Length of Service (from): \_\_\_\_\_ (to) \_\_\_\_\_  
(If more than one employer, feel free to supply others on a separate sheet)

Other Education?  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSCRIPT OF RECORDS REQUIRED:**  Enclosed  Separate

**Personal References**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**ACADEMIC REFERENCE**

Teacher's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

NOTE: Any reference or teacher may supply additional commentary/recommendations for you on a separate sheet.

**EDUCATIONAL PLANS**

New York Institution

Institution Name: \_\_\_\_\_

City: \_\_\_\_\_

Out-of-State Institution

Institution Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Bachelor's

Associate

Certificate

4-Year

2-Year

Other

Surveying

Other Related Fields (specify): \_\_\_\_\_

**ESTIMATED EDUCATIONAL FINANCES PER SEMESTER**

	Required	+ Family Provided	Other*
Tuition	_____	_____	_____
Fees	_____	_____	_____
Books, etc.	_____	_____	_____
Room and Board/Parking Permit	_____	_____	_____
Total	_____	_____	_____

\*Other may be grants, loans, etc., or part time work being planned.

If part time work is planned, please so state:  Yes  No

**Additional Data to Support your Request 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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., Scholarship Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if under age)

\_\_\_\_\_  
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.



***Addendum to the Application for the  
Joseph E. Glickman Memorial Scholarship for  
Undergraduate Surveying Students in New York***

*March 2001*

***Revisions to the Eligibility Requirements for Applicants***

In addition to meeting the eligibility requirements stated on the last page of the application, applicants must also be a member of the Joseph E. Glickman Memorial Student Chapter of the American Congress on Surveying and Mapping at Alfred State College and a student member of the New York State Association of Professional Land Surveyors, Inc.

Further, only second and third year students (sophomores and juniors) enrolled in a surveying program leading to a Bachelor degree are eligible to apply. Associate degree program enrollees are not eligible.