



**NORTH DAKOTA SOCIETY OF PROFESSIONAL LAND SURVEYORS (NDSPLS)  
HIGH SCHOOL SENIOR  
EDUCATION ASSISTANCE PROGRAM (EAP) AWARD APPLICATION  
AWARDS RANGE FROM \$500 UP TO \$1000**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

High School Attended: \_\_\_\_\_  
(Name & Address)

College or University Accepted: \_\_\_\_\_  
(Name & Address) (Curriculum) (Expected Graduation Date)

Give a brief description of your extra-curricular activities: \_\_\_\_\_  
(Use an Attached Sheet with your name at top)

Give a brief description of your background and work history: \_\_\_\_\_  
(Use an Attached Sheet with your name at top)

If applicable give a brief description of your Land Surveying experience: \_\_\_\_\_  
(Use an Attached Sheet with your name at top)

Give a brief explanation of why you are interested in Land Surveying: \_\_\_\_\_  
(Use an Attached Sheet with your name at top)

This Award is partially based on financial need; please give a brief synopsis of your present situation: \_\_\_\_\_  
(Use an Attached Sheet with your name at top)

Give a brief explanation of your professional goals: \_\_\_\_\_  
(Use an Attached Sheet with your name at top)

Have you received any or about to receive any other Awards or Scholarships? \_\_\_\_\_ Yes, \_\_\_\_\_ No  
If yes please list them beginning with the most recent:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \_\_\_\_\_

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \_\_\_\_\_

**ELIGIBILITY**

1. Applicant must be a North Dakota high school senior.
2. Applicant must qualify for enrolment in a North Dakota Land Surveying curriculum approved by the NDSPLS - EAP Committee.
3. Upon receipt of the notice of award, Applicant must provide a copy of registration from a North Dakota College or University.
4. Applications must be received in the NDSPLS Administrative Office no later than **August 1**.

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 or physical handicap. The applicant agrees to hold harmless 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: 701-223-3184  
E-mail: [stacy@scgnd.com](mailto:stacy@scgnd.com)

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: \_\_\_\_\_