

Florida Association of Cadastral Mappers, Inc. Scholarship Program

Three (3) \$500.00 scholarships are available each year for members to further upgrade their education at a college, university, or vocational school. Availability and income are the criteria reviewed by the scholarship committee with the executive board making the final decision.

Scholarship Application Information:

1. All active members are eligible for scholarships. Applicants are requested to send the completed application to the scholarship committee for consideration 30 days prior to the quarterly meetings. It is important to complete the application form early, and as accurately and thoroughly as possible. Incomplete information will only delay the process and possibly make acceptance too late for your school's deadline.
2. Applicants can apply for scholarships as often as needed.
3. Applicants will have two consecutive calendar years to complete the courses financed by the FACM Scholarship Fund.
4. Students can be either full or part time.
5. A student who fails to complete a course or drops out after the allowed drop/add period established by the school, will reimburse the FACM Scholarship Fund for all associated fees. A petition may be sent to the Scholarship Committee if extenuating circumstances exist.
6. Applicants must achieve a final grade point average of 2.5.
7. Scholarship awards cannot be used for classes prior to the applicants scheduled award.
8. The scholarship committee will review each application and decisions will be based upon need and financial necessities.
9. Upon acceptance, the applicant will receive confirmation from the Scholarship Committee and the current Treasurer will send a check either directly to the institution or to the student, whichever is needed.

Scholarship Information should be sent to:

Joyce McGuire, CCF, CFE

Cartographic Specialist

2300 Virginia Avenue

Fort Pierce, FL 34982

Ph (772) 462-1050

Fax (772) 462-1058

Email: McGuireJo@paslc.org

FACM Scholarship Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip : _____

Day Phone: _____ Home Phone: _____

Employer: _____

Employer's Address: _____

Length of Employment: _____ Dept./Div.: _____

Annual Income: _____ Household Income: _____

Describe Current Work Position and Responsibilities:

Prior Employer: _____

Address: _____ Phone: _____

List Education Background Below:

High School: _____ Years: _____

College: _____ Years: _____

Other Schools & Education:

Name of Educational Institution you are applying to:

School Start Date: _____

\$ Per Credit Hour: _____ # of credit hours: _____

Approx. Cost of Books: _____ Total Estimated Cost: _____

Will your employer reimburse you for all/part of your education expense?

Yes ___ No ___

If yes, how much? _____

Are you a previous FACM Scholarship recipient? Yes ___ No ___

When? _____

List any Professional Designation that you hold below:

Affidavit of Educational Reimbursement

Scholarship Recipient: _____

Address:

Phone Number: _____

I hereby certify that all funds which I receive for educational or conference reimbursement, regardless of their source, do not exceed the total costs of annual tuition, fee, and books, or conference registration, room and board.

Signature: _____

To Be Filled out by FACM Scholarship Chair:

Scholarship Award sent to: _____

Address:

FACM Scholarship Chair: _____

Date: _____