

## **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:

Matthew Kalus, R/W AMC  
Orange County Property Appraiser  
200 S. Orange Avenue, Suite 7000  
Orlando, Florida 32801  
(407) 836-5014  
Email: [mkalus@ocpafl.org](mailto:mkalus@ocpafl.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:**

\_\_\_\_\_

**Scholarship Award sent to:**

**Address:**

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

**Date:** \_\_\_\_\_