

# KSLS Charitable Foundation Scholarship Extension Application

This form is to be used by applicants who have previously been awarded a scholarship, and are currently enrolled in a course that would satisfy the requirements approved by the Kansas State Board of Technical Professions as part of the education requirements leading to licensure in Kansas.

**DEADLINE TO APPLY: 30 days prior to a KSLS Charitable Foundation Board meeting in January, April, July & October.**

## HOW TO APPLY:

**Complete an Application for Scholarship Extension and include the following information:**

1. Statement as requested in the Application.
2. A copy of the unofficial transcript showing the grade for your most recently completed class and proof of enrollment for the current semester.

**ELIGIBILITY:** The applicant must be currently enrolled in a course that would satisfy the requirements approved by the Kansas State Board of Technical Professions as part of the education requirements leading to licensure in Kansas.

**SELECTION CRITERIA:** The student must maintain a GPA of 3.0 or better. Membership in a State Surveying Society or NSPS will be taken into consideration. Degree of financial need will be considered, if needed to break ties. **Applicant will be interviewed by local Chapter of KSLS prior to selection.**

**NOTIFICATION:** Selected recipients will be notified by email or phone and the check will be presented to a recipient by the local Chapter of KSLS.

## KSLS CHARITABLE FOUNDATION, INC.

Applications may be emailed to [foundation@ksls.com](mailto:foundation@ksls.com)  
or mailed by USPS to the Foundation's Executive Director at  
1850 County Road 207, Eureka Springs, AR 72632  
Phone: 785-826-8958





# KSLS CHARITABLE FOUNDATION, INC

Mailing Address: 1850 County Road 207, Eureka Springs, AR 72632

785-826-8958 foundation@ksls.com

## Application for Scholarship Extension

### PERSONAL AND EDUCATIONAL INFORMATION

Name:			
Street Address:	City:	State:	Zip:
Phone contact:	Email Address:		
Employer Name and Contact Information:			
College or University (Name & Address)			
Program Enrolled in:			
Dates of Attendance:		Expected Graduation Date:	
No. of Credit Hours Completed	:	No. of Credit Hours to be taken in next semester:	

### On a separate sheet of paper, prepare a statement which includes the following:

State the name of your most recent class and explain when and where you took the class.
Describe your experience with the class. Tell us what you did and didn't like. Tell us your final grade.
Have you joined KSLS or your local chapter? Membership and active participation in your local chapter of KSLS is viewed favorably in the selection process.
State why you merit the scholarship.
Detail your financial need.

### DECLARATION

I certify that the information given in this application is true and accurate. I further certify that if for any reason subsequent to receiving a scholarship, I elect to substantially alter my proposed study plan, I will immediately inform KSLS Charitable Foundation, Inc., and if requested, I will return the money paid to me.

Signature of Applicant:	Date:
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