

BEN W. FORTSON, JR., SCHOLARSHIP FUND
FOR
UNDERGRADUATE LAND SURVEYING STUDENTS



SPONSORED BY THE SCHOLARSHIP TRUST
OF
SURVEYING AND MAPPING SOCIETY OF GEORGIA

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BACKGROUND

The Surveying and Mapping Society of Georgia established the BEN W. FORTSON, JR., SCHOLARSHIP FUND on May 16, 1980, in memory of Georgia's longtime and devoted Secretary of State and Surveyor General, Ben W. Fortson, Jr.

PURPOSE

To financially assist in the education of those deserving students who are pursuing a career in the Land Surveying Profession.

SPONSORSHIP

The BEN W. FORTSON, JR., SCHOLARSHIP FUND is sponsored by the Surveying and Mapping Society of Georgia and is administered by a board of trustees comprised of the current President of the SOCIETY, and two other full SOCIETY members serving staggered two and three year terms.

FUNDING

Initial funding of the scholarship trust was by private charitable contributions and contributions from the SOCIETY assets. Interest bearing accounts and additional contributions will Fund the scholarships.

ELIGIBILITY CRITERIA

The recipient must be a resident of the State of Georgia and pursuing a career goal in Land Surveying at an accredited college acceptable to the scholarship committee. Preference will be given to those students in a full time bachelors program, however, full consideration will be given to the associate degree program students and part time students on a prorated scholarship basis. The recipient must have completed 20% of the degree requirements before any scholarship monies are awarded.

REQUIREMENTS OF RECIPIENT

The recipient must maintain a course load averaging 14 or more quarter hours if regarded as a full time student. Recipient must maintain a 2.4 overall grade point average and a 2.75 grade point average in surveying courses.

BEN W. FORTSON, JR., SCHOLARSHIP FUND

Applicant:

Name _____ Date of Birth _____
(Last) (First) (M.I.)

Street Address _____ Email Address _____

City _____ State _____ Zip _____

County _____ Phone () _____

Parents or Guardian _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____

Education:

High School attended _____

City _____ State _____ Teacher/Advisor _____

Curricula Pursued _____ Scholastic Standing _____ Grade Avg _____

Student Activities/Interests:

Clubs _____

Sports _____

Hobbies _____

Part time work during scholastic year _____ Yes _____ No

If yes: Employer _____

May we contact employer? _____ Yes _____ No Employer's Phone () _____

Length of service (from) _____ (to) _____

(If more than one employer, feel free to supply others on a separate sheet.)

Other Formal Education _____ Yes _____ No Years/Quarters _____

If Yes: Describe _____

Institution _____

City _____ State _____

TRANSCRIPT OF SCHOLASTIC RECORDS ARE REQUIRED!! _____ Enclosed _____ .Separate

Are any relatives involved in Land Surveying? _____ Yes _____ No

If yes: Name _____ Firm _____

City _____ State _____ Years in Land Surveying _____

References:

Name _____ Telephone () _____

Address _____

City _____ State _____ Zip _____

Name _____ Telephone () _____

Address _____

City _____ State _____ Zip _____

Teacher's Name _____ Telephone () _____

Address _____

City _____ State _____ Zip _____

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

EDUCATIONAL PLANS

_____ Bachelor's _____ Associate _____ Other
_____ Surveying _____ Cartography _____ Geodesy _____ Other

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

ADDITIONAL DATA TO SUPPORT YOUR REQUEST IS ENCOURAGED!!

Please answer the question below as clearly and concisely as you can.

What has prompted you to pursue a career in the surveying (or cartographic, or geodetic) profession?

(You may use additional sheets as necessary.)

I hereby understand and accept that this grant will be used to further my education and that should I choose to leave the surveying curricula to pursue another academic endeavor, fail to maintain the academic requirements and course load, or to terminate my studies prior to completion, that this grant will become void and cease.

Signature

Date

Parent or Guardian (if under age)

Date