

**FLORIDA AQUATIC PLANT MANAGEMENT SOCIETY SCHOLARSHIP
& RESEARCH FOUNDATION, INC**

William L. Maier, Jr.
Memorial Scholarship

Paul C. Myers
Applicator Dependent Scholarship

**Paul C. Myers Applicator Dependent Scholarship Application
2020-2021**

Application should be completed jointly by FAPMS member and dependent (applicant)

APPLICANT (DEPENDENT'S) INFORMATION

Applicants Name: _____ Phone: _____

Address: _____

While attending college, will you live with (check one):

_____ Your parent(s), guardian or other family member or _____ an apartment or dorm

Will you incur housing expenses? _____ Yes _____ No

Sources and amount of funds available for year in which scholarship is requested:

	<u>Yes / No</u>	<u>Estimated Amount</u>		<u>Yes / No</u>	<u>Estimated Amount</u>
Parents	_____	_____	Scholarships	_____	_____
Family	_____	_____	Student Loans	_____	_____
Savings	_____	_____	Other	_____	_____
Employment	_____	_____	Applicants annual income?	_____	_____

If married, is your spouse employed? _____ Yes / No Spouse's annual income? _____

Do you have any dependents? _____ Yes / No If so, please indicate their ages: _____

How will you pay for college expenses if this scholarship is not received? _____

EDUCATIONAL INSTITUTION APPLICANT IS CURRENTLY ATTENDING*

Name of School: _____

Address: _____

Current academic classification (check one)

_____ High school senior _____ College freshman _____ Sophomore _____ Junior

***Attach copy of transcript for last quarter or semester**

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

Name of School _____ Beginning Semester _____

Address _____

Degree sought _____ Expected date of completion _____

Estimated costs per semester:

Tuition / fees _____ Books _____

Housing _____ Living Expenses _____

FAPMS MEMBER INFORMATION (PARENT / GUARDIAN)

Name: _____ Phone No. _____

Address: _____

Relationship to applicant: _____

Are you currently and have you been a member of FAPMS for the last three years? _____ Yes / No

Employer: _____ Job Title _____

Work Phone: _____ Home Phone: _____

Annual Salary: _____ Spouse's Salary: _____

Other Income: _____ Total Income: _____

Number of other dependents: _____ Number of dependents in _____

College: _____

Total amount of financial assistance to other dependents attending college this coming year: _____

ESSAY

As part of the application process, each applicant is required to write and submit a 1-2 page typed essay on why they have chosen a particular course of study or career path and their expectations of working in their chosen fields. If you have not yet chosen a major, please discuss the areas you are considering and your expectations of working in these fields

Extracurricular Activities/ Volunteer Services

On a separate sheet, please explain all extracurricular activities or volunteer services you are involved with. Please feel free to elaborate as much as possible about your experience.

CERTIFICATION

The information provided above is correct to the best of my knowledge:

Applicant (dependent signature)

Date

FAPMS Member Signature

Date

APPLICATION SUBMITTAL

The application deadline is Aug 1 2020.

Return completed application and essay to:

Keshav Setaram
1947 Rachels Ridge Loop
Ocoee, FL 34761
ksetaram56@gmail.com

Users of Adobe Acrobat or Adobe Reader v8 or later can save a completed copy of this form to their computer and send it as an email attachment.

Applications will be reviewed by a seven (7) member selection committee comprised of FAPMS and FAPMS Scholarship Foundation members. Awards will be based on financial need, and the quality of the application and required essay. **Please note: Applications MUST include a copy of the U.S. Department of Education's Estimated Family Contribution (EFC) based on the Federal Student Aid form.**

Good Luck!