

**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  
2024 - 2025**

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? \_\_\_\_\_

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**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 June 1, 2023**

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!