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

William L. Maier, Jr. Memorial Scholarship Paul C. Myers Applicator Dependent Scholarship

William L. Maier, Dr. Memorial Scholarship Application 2025

Application should be completed by the applicant.

Applicant Information:			
Applicants Name:	Phone:		
Address:	E-mail:		
While attending college, will you live with (check	one):		
Your parent(s), guardian or	r other family member or	an apartment or dorn	
Will you incur housing expenses?	YesNo		
Sources and amount of funds	available for year in which scholarship is red	quested:	
Yes / No Estimated Amoun	nt Yes / No	Estimated Amount	
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/ N	No If so please indicate their ages:		
How will you pay for college expenses if this scho	larship is not received?		
EDUCATIONAL INSTITUTION APPLICATION IS CUI	RRENTLY ATTENDING:		
Name of School:			
Address:			
Current Academic Classification (e.i. Graduate yr	1):		

^{*}Attach the most up to date transcript

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED: Name of School: _______ Beginning Semester: ______ Address: Degree Sought: _____ Field of Study: _____ Expected date of Completion: Are you willing to present your work at the annual FAPMS training conference: ______Yes/ No Estimated costs per semester: Tuition / Fees: Books: Housing: Living Expenses: _____ How did you learn about the FAPMS William L. Maier Graduate Scholarship? **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, what their goals are and their career aspirations of working in their chosen fields. **Extracurricular Activities/ Volunteer Services:** 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, as part of this scholar ship application is correct to the best of my knowledge.

Applicant Signature — — — — — — — — Date

APPLICATION SUBMITTAL:

The application deadline is July 31st

Return completed (1) application, (2) essay and (3) transcript to: Keshav Setaram 1947 Rachels Ridge Loop Ocoee, FL 34761

E-mail: ksetaram56@gmail.com

