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| **Section I** |  | **Personal Information** | | | | | | | | | | |  | |
| Applicant Name: |  |  | | | | | |  | | | | |  | |
|  |  | Last | | | | | | First | | | | | M.I. | | |
| Mailing Address: |  |  | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |
| City: | |  | | | | | | | | State: |  | Zip: | |  | |
| Cell Phone: |  |  | | | | | | Work Phone: | | |  | | | | |
| Fax: |  |  | | | Email Address: | | | |  | | | | | | |
| U.S. Citizen: |  | Yes |  | No | |  | If no, explain basis of your legal residence in the U.S. | | | | | | | | |

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| Military Status: |  | | Class: | |  | | Yes |  | | No |  |  | |
| Marital Status: | |  | |  | | Number of dependents, including self: | | |  | | | |

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| **Section II** |  | **Financial Information for this Academic Year** |  |
| Present/Previous Educational Scholarships or Loans: (List name of fund, account, current balance and for what school period) | | | |
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| **Section III** | |  | | | **Employment History** | | | | | | | | | | |  |
| Current Employer: | | |  | | | | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | | | |
| City: | | | |  | | | | | | | | State: |  | Zip: |  | |
| Date Employed: |  | | |  | | | | | Position: | |  | | | | | |
| May we contact for reference? | | | | | | | Yes |  | No |  |  | | | | | | |
| If yes, phone & contact name: | | | | | |  | | | | | | | | | | |

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| Describe in detail your existing Surveying & Mapping experience (if any): |
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| **Section IV** | |  | **Education History** | | | | | | | | | | |  | | |
| Current Educational Institution | | | | | |  | | | | | | | | | | |
| Program/Dept: |  | | | | | | | | | | | | | | | |
| Major: |  | | | | | | | | | | | | | | | |
| Type of Degree Sought: | | | |  | | | | | | | | | | | | |
| Credits Completed at UF: | | | | |  | | | | Full Time Student: | | Yes |  | No | |  |  |
| Current GPA (Based on 4.0 = A): | | | | | | |  | As of what date: | |  | | | | | | |

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| **Section V** |  | **Miscellaneous** | | | | | | | | | | | | | | | | |  |
| Do you plan to take the PSM license exam? | | | | | | Yes | |  | | | No | |  | | If yes, when? | | |  | |
| Do you plan to work in the South Florida area? | | | | | | Yes | |  | | | No | |  | |  | | |  | |
| Or the State of Florida | | | Yes |  | No | |  | |  | | | | | | | | |  | |
| Are you currently a member of FSMS? (Student or Assoc.) | | | | | | | | | | Yes | |  | | No | |  |  |  | |
| What are your educational and career goals in the geomatics field? Are there factors which make you particularly deserving of support? (400 words max) | | | | | | | | | | | | | | | | | | | |
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