

LSP Association Scholarship Fund
2025 Scholarship Application
Application Deadline: Friday, May 9, 2025

Applicant, please submit all application materials to:

Larry Feldman
LSP Association Scholarship Fund
29 Concolor Ave
Newton, MA 02458
Email: lfeldman@gza.com
Ph 781-278-3807

Name: _____

Are you a resident of Massachusetts? Yes No _____

Home address: _____

Home telephone: _____ School telephone: _____

Email address: _____ Marital status: _____ Ages of any children: _____

Spouse's name: _____ Occupation: _____

Place of Employment: _____ Annual gross income: _____

Parent's name: _____ Occupation: _____

Place of employment: _____ Annual gross income: _____

Parent's name: _____ Occupation: _____

Place of employment: _____ Annual gross income: _____

Are both parents living? _____ Divorced or separated: _____

Number of siblings: _____ Ages: _____

Please provide the following information:

Are you an LSPA Member or a member of an LSPA Member's immediate family? Yes _____ No _____

If you are a member of an LSPA Member's immediate family, what is the Member's name and what is your relationship?

Member Name: _____

Relationship: _____

List monthly amount of any Veterans' benefits you receive, if applicable: \$ _____

List amount of any outstanding loans: \$ _____

List total amount of any other scholarships for higher education: \$ _____

Provide monthly earnings for any college work/study or co-op income: \$ _____

Amount of savings available: \$ _____

List amount that your financial aid form shows as your contribution: \$ _____

Annual expenses for tuition: \$ _____

Room and board: \$ _____

Education Record:

(Please list all schools you have attended, starting with the high school from which you graduated. Please submit a certified transcript of all grades received from the school in which you are presently enrolled and a college acceptance letter)

<u>School Name:</u>	<u>Years Attended:</u>	<u>Major, if applicable:</u>	<u>Diploma/Degree:</u>

Have you been accepted in a degree program at an accredited New England College, University, Junior College, Technical Institute, or Community College? Yes _____ No _____

If you answered Yes above:

What is the name of that institution? _____

What is your declared major? _____

List your extracurricular activities, sports, hobbies and interests:

Reference Contact Information:

(In addition to providing the information below, please submit three written letters of recommendation)

Name: _____

Address: _____

Tel: _____ Email: _____

Relationship to applicant: _____

Name: _____

Address: _____

Tel: _____ Email: _____

Relationship to applicant: _____

Name: _____

Address: _____

Tel: _____ Email: _____

Relationship to applicant: _____

Recent Employment Record:

<u>Place of Employment:</u>	<u>Position:</u>	<u>Employment Dates:</u>	<u>Earnings:</u>

How much of the above earnings will be available for school costs? _____

Please give specific answers to the following questions (you may attach additional sheets, if necessary):

How do you plan to finance your education?

What are your specific short term and long-range goals and what do you hope to achieve in life?

In what ways do you believe your goals are similar to the goal of this scholarship fund and will benefit the LSP practice or professional environmental services?

Why do you want to be considered for a scholarship? Please include any information that might aid the Trustees in evaluating your application.

I hereby submit my application for the LSP Association Scholarship Fund. I authorize the LSP Association Scholarship Fund and/or its representatives to contact any of the employers or educational institutions listed above. By signing this application, I am affirming that the information contained here is accurate.

Applicant's Signature: _____ Date: _____