

**LSP Association Scholarship Fund**  
**2026 Scholarship Application**  
**Application Deadline: Friday, May 8, 2026**

*Applicant, please submit all application materials to:*

Krista Wolfe  
LSP Association Scholarship Fund  
GEI Consultants - 5 Bedford Farms Drive, Suite 107  
Bedford, NH 03110  
Email: kwolfe@geiconsultants.com  
Phone: 781-424-9909

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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)*

**School Name:**

**Years Attended:**

**Major, if applicable:**

**Diploma/Degree:**

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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:

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## 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:

**Place of Employment:**

**Position:**

**Employment Dates:**

**Earnings:**

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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?

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

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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?

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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: \_\_\_\_\_