

2017

**CLIFF LOVIN SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are you a US Citizen?  Y  N  
(Please check one)

Please answer the following (add additional pages as needed):

1. List the Ohio college or university you are attending and what is your current major?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Summarize your educational background – highest degree attained, honors received, professional registrations, classes completed (if not on transcript) and currently taking, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Summarize your educational goals – what degree or professional registration do you wish to attain, 4 year program, 24 hour survey credits, full time / part time student, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Summarize your professional background – past employers, work experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Summarize your professional and career goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Provide other details such as community activities, financial information, or any other information pertinent to your application.

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7. If chosen to receive the Cliff Lovin Scholarship, will you be available to attend the closing awards luncheon at the 2017 Ohio GIS Conference in Columbus, Ohio on September 27th?

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Please attach an official transcript from any college level courses you have completed.

To the best of my knowledge, the information submitted on this application and the attachments is true and correct.

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Signature

Please return the completed application along with your supporting documentation by September 1, 2017 to:

**Attention: Cliff Lovin Scholarship Committee  
c/o County Engineers Association of Ohio  
6500 Busch Blvd. Suite 100  
Columbus, OH 43229-1738**