

ST. CLOUD STATE UNIVERSITY  
***Dr. Robert O. Bixby Memorial Scholarship***  
(This application must be submitted to the Geography Department by March 31, 2009)

**BIOGRAPHICAL INFORMATION**

Name: \_\_\_\_\_ SCSU ID: \_\_\_\_\_  
*(Last)* *(First)* *(Middle Int.)*

Local Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

**EDUCATIONAL EXPERIENCE**

Studying GIS within the Department of Geography at SCSU? Yes \_\_\_ No \_\_\_

Completed at least 3 GIS courses and achieved a GPA of 3.0 or better? Yes \_\_\_ No \_\_\_

Cumulative GPA at SCSU? \_\_\_\_\_

**CONTRIBUTION TO GIS**

Have you performed exceptional work as a SCSU student in the use of GIS principles? Briefly explain.

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**INITIATIVE AND LEADERSHIP**

How have you shown initiative and leadership qualities as a SCSU student? Briefly explain

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**OTHER GIS ACTIVITIES**

Please indicate any ways that you are currently active in GTU, GIS Club, or other academically related student organizations.

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**PRESENTATIONS**

Please indicate any presentations related to GIS that you have given (Student Research Colloquium, GIS/LIS, etc.)

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**FUTURE PRACTITIONER**

Please ask a member of the SCSU faculty to write a letter in support of your application who can speak to your GIS abilities and your future as a practitioner of GIS technologies

Name of Faculty member: \_\_\_\_\_

**CERTIFICATION**

I certify that the information on this application is true and correct

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

For Office Use Only

Verification of GIS GPA \_\_\_\_\_

Verification of GPA \_\_\_\_\_