**AICP Exam Scholarship Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APA Member Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(A valid APA number is required to apply for the exam).*

*Note: If you have recently changed your membership to APA Massachusetts within the last 3 months, please include written confirmation of this recent transaction. If you have recently joined or rejoined APA, please include confirmation of your new membership along with your member number.*

**Please Confirm Each of the Following by Initialing Statements 1-3:**

1. I have reviewed the educational and experience qualifications required to take the AICP exam and believe I meet them:
*(see* *https://www.planning.org/certification/eligible.htm* *for more information)*

2. I am a member in good standing of the Massachusetts Chapter of APA:

3. I have not previously received a Chapter AICP Exam Reduced Fee Scholarship:

4. I have applied Early Decision to APA for the May / November AICP exam:

 *(This is recommended, but not required for scholarship)*

 4a. Have you been approved to take the AICP exam?

5. I identify as a member of a minority population (optional):

 *(Minority candidates may be given preference)*

*(continued on next page)*

**Please Answer Each of the Following Regarding Financial Impacts on Your Ability to take the AICP Exam:**

6. Are you a first time AICP Exam applicant:

7. Does your employer subsidize the cost of taking the AICP exam:

8. Without the benefit of the reduced fee, please describe, generally, why you are otherwise unable to take the exam (e.g. currently unemployed, on mandatory furlough, salary/hourly rate reduction, etc.), without sharing anything confidential or uncomfortable:

9. Are there other financial considerations of which you wish to make the review committee aware:

10. How are you involved in local and/or statewide APA activities and events (please describe your involvement):

**Please provide a brief statement explaining why you are requesting financial assistance to take the AICP Exam. You may also expand upon any of the answers given above.**  *This can be provided in the area below or in an attached letter.*