Connecticut Chapter of the Appraisal Institute ("CCAI") Scholarship Application

- ♦ Please complete all portions of this application ("Application") and attach the following supplemental information ("Supplemental Information"):
 - ♦ Detailed resume

Signature of Applicant

- Personal statement
- ♦ Letter of recommendation
- ♦ Proof of course completion and passage
- ♦ Receipt of payment for the course
- ◆ Return the completed Application and Supplemental Information to the CCAI Scholarship Committee via email: <u>Connecticut Chapte@sbcglobal.net</u>. Please include "CCAI Scholarship Committee" in the subject line. Successful applicants will be notified of the award by the Scholarship Committee.

For: Course or Semir	nar Name	D	Oate:,
Applicant Information	<u>n</u> :		
Name:		e-mail	
Home Address		Phone#	
Business Address		Phone# Fax #	
<u>Status:</u>	Current Appraisal Institute Profes ☐ Candidate for Designation ☐ MAI Designated Member	sional Status (check all that apply): ☐ SRA Designated Member ☐ SRPA Designated Member	r
	than two (2) scholarships during the received a CCAI Scholars	ers/Candidates may apply for no more eir time as an Appraisal Institute Prof hip(s) and in what year(s)	essional. Please indicate if
Supplemental Inform change after the date on this application is application along wit application does not of action at law or committee members, Directors, officers, connection with this Appraisal Institute the profile me in marketing on the same change of t	nation is true and accurate as of e of this application, I will immed is false my application will be of the applications of others for a guarantee that a scholarship will equity that I might have at an or employees, as a group or as committee members, or employee application or scholarship. Sho	nat all information contained on the the date of this application. Show liately notify the CCAI. I understard lisqualified. I understand that the limited number of scholarships at the against the CCAI, its Boat individuals and against the Apprais, as a group or as individuals for a lid I receive a scholarship, I herebes and information from this appliance.	uld any such information nd that if any information e CCAI will consider my ind that submission of an waive any claim or cause rd of Directors, officers, isal Institute, its Board of any act or failure to act in by grant the CCAI and the