

UTAH CHAPTER

PROFESSIONAL DESIGNATION SCHOLARSHIP APPLICATION

International Association of Assessing Officers (IAAO)

- CAE** (Certified Assessment Evaluator) **RES** (Residential Evaluation Specialist)
 AAS (Assessment Administration Specialist) **PPS** (Personal Property Specialist)
 CMA (Cadastral Mapping Specialist)

IAAO Member # _____ (must have IAAO membership to apply)

NAME _____ Title _____

Jurisdiction/Company _____

Business

Address _____ Phone _____ Fax _____

City/State/Province _____ Zip _____

Email: _____

Home

Address _____ Phone _____ Fax _____

City/State/Province _____ Zip _____

Send All Mail To: Business Home

Request: Please describe your needs for financial assistance; list the expected out-of-pocket expenses (specific courses, fees, dues), and the amount requested (up to \$500 maximum).

List Designation Requirements already met:

List Designation Requirements you need to complete:

Date of Completion: What is the date you expect to receive your designation?

Certification and Agreement: I, the undersigned, hereby apply for acceptance for the award of scholarship by the Utah Chapter of the International Association of Assessing Officers. I certify that the scholarship request is for expenses not reimbursed to me by any other organization or entity. I certify that the information given in this application is true and correct. I agree that any information requested of me by the Scholarship Committee in the future will be promptly submitted and will be true and correct.

Signed _____ Date _____