Greater Tennessee Chapter of the Appraisal Institute

Memorial Scholarship Application Package

Please return the fully completed scholarship package to:

Myra Withers, Executive Director
Greater TN Chapter of the Appraisal Institute
P. O. Box 60128
Nashville, TN37206
Work: (615)254-1233
Work fax: (615)254-1186
E-Mail Address: myra@tnappraiser.org

Greater Tennessee Chapter of the Appraisal Institute

MEMORIAL SCHOLARSHIP APPLICATION FORM

(Please type or print neatly)

Name _____
First MI Last

Social Security Number _____

Local Mailing Address _____

(Winners of scholarships will be notified at this address)

Home Address _____

Permanent resident of _____ County

Local Phone _____ Home Phone _____

How many years have you been involved in real estate? _____

Have you attended any appraisal training courses in the past? _____Yes _____No.
If "yes", which courses have you attended? (Attach additional pages if necessary.)

Have you attended any Appraisal Institute Courses in the past? _____ Yes No.
If "yes", which courses have you attended? (Attach additional pages if necessary.)

Please include the following with this application:

1. Current Resume
2. Two written professional references (faxed letters are acceptable), at least one of which should be from someone with whom you do not work.
3. Typed letter which includes answers to the following questions:
   - What are your career goals?
   - Do you plan to become a designated member of the Institute?
4. Copy of your "Official Academic Record for Appraisers" from the Appraisal Institute, or its equivalent.

Work Experience: List last three places of employment starting with present position:

(1) Employer _____ Your Job _____

Dates: From _____To _____Supervisor_____

Address _____

_____

City State Zip Code

(2) Employer _____ Your Job _____

Dates: From _____ To _____Supervisor _____

Address _____

_____

City State Zip Code

(3) Employer _____ Your Job _____

Dates: From _____ To _____Supervisor _____

Address _____

_____

City State Zip Code

By my signature below, I hereby affirm that all information given is correct, to the best of my knowledge, and I authorize the Greater Tennessee Chapter Scholarship Committee, and other necessary persons, to examine my student file(s) and to contact the foregoing individuals to determine eligibility for a scholarship.

_____

Signature Date