

NEW HAMPSHIRE CHAPTER OF THE
APPRAISAL INSTITUTE
C4D SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

WORK PHONE: _____

CELL PHONE: _____

PRIMARY CHAPTER OF THE AI: _____

CANDIDATE FOR DESIGNATION: MAI _____ or SRA _____

REMAINING REQUIREMENTS FOR DESIGNATION: _____

ADVISOR: _____

Please write a short paragraph that indicates when you expect to meet all of the requirements for designation and describe how to see yourself participating in the New Hampshire Chapter in the future: _____

Please send or email the completed application to:

Cindy Rogers, Executive Secretary
NH Chapter of the Appraisal Institute
P.O. Box 1046
Hollis, NH 03049