



**Massachusetts Chapter of the International Association of Assessing Officers**  
c/o Lane Partridge, P.O. Box 535, Concord, MA 01742 Phone (978) 319-3070  
CAE • RES • CMS • PPS • AAS - IAAO Professional Designations

## 2020 Education Scholarship / Conference Sponsorship Application

Please complete the following and mail to Lane Partridge, President; Board of Assessors, P.O. Box 535, Concord, MA 01742 or Email to: LPartridge@concordma.gov

Is this application for an Education Scholarship or Sponsorship to an IAAO Conference? (Please circle one)

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

Title/Position: \_\_\_\_\_ Employer: \_\_\_\_\_

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

City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

How long in assessing? \_\_\_\_\_ How long an IAAO member? \_\_\_\_\_ How long in Mass Chapter? \_\_\_\_\_

Designation Candidate? Yes or No      What designation are you pursuing? \_\_\_\_\_

In which course do you wish to participate? Course name & number: \_\_\_\_\_

Course / Conference Date: \_\_\_\_\_ Location: \_\_\_\_\_

Course / Registration Fee: \_\_\_\_\_ Course Sponsor: \_\_\_\_\_

Have you previously applied for a scholarship and if so when? \_\_\_\_\_ Did you receive it? \_\_\_\_\_

Education budget for the current year: \$ \_\_\_\_\_

Please include a statement of your reasons for applying for a scholarship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant must attach a letter signed by the Assessor or Chief Executive Officer of his or her employing municipality, stating what portion, if any, the municipality will pay or reimburse the applicant.

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

I certify that the information furnished by me on this application is complete and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_