

Education Scholarship / Conference Sponsorship Application

Please complete the following and mail to William B. Mitchell, RMA, MAA, President; Board of Assessors, 120 Main Street, North Andover, MA 01845 or Email to: wmitchell@northandoverma.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	s or No What designation are you pursuing?
In which course do you wish	n to participate? Course name & number:
Course / Conference Date: _	Location:
Course / Registration Fee: _	Course Sponsor:
Have you previously applied	d for a scholarship and if so when?Did you receive it?
Education budget for the cu	rrent year: \$
Please include a statement of	f your reasons for applying for a scholarship:
	er signed by the Assessor or Chief Executive Officer of his or her employing ortion, 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: