



**Massachusetts
Rhode Island &
Maine Chapter**

APPLICATION FOR THE MONTELLO-SAWYER MEMORIAL SCHOLARSHIP

Sponsor: Massachusetts Rhode Island & Maine Chapter of the Appraisal Institute

APPLICANT NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

LAST SCHOOL ATTENDED: _____

HIGHEST GRADE ACHIEVED: _____

NAME OF APPRAISAL INSTITUTE MEMBER: _____

ADDRESS OF APPRAISAL INSTITUTE MEMBER: _____

RELATIONSHIP OF APPRAISAL INSTITUTE MEMBER: _____

SCHOOL YOU ARE PLANNING TO ATTEND: _____

SEMESTER/YEAR OF ENROLLMENT: _____

PLANNED COURSE OF STUDY: _____

- 1.) PLEASE ATTACH ANY OF THE FOLLOWING THAT CAN BE USED AS A BASIS FOR FINAL SELECTION: -Transcripts -Recommendations -Statement of Financial Need -Other Pertinent Information
- 2.) PLEASE ATTACH A ONE PAGE LETTER STATING REASONS WHY YOU SHOULD BE CONSIDERED FOR THIS SCHOLARSHIP.

Date:

Signature of Applicant:

Mail to:
Massachusetts Rhode Island & Maine Chapter
51 Pleasant Street, PMB 64
Malden, MA 02148

Email:
office@ma-ri-me-appraisal institute.org