

The John D. Hewitt Scholarship Fund  
administered by the  
Massachusetts Rhode Island & Maine Chapter of the Appraisal Institute

**SCHOLARSHIP APPLICATION**

John D. Hewitt MAI, SRPA (1911-1981) was one of the country's outstanding real estate appraisers and educators and the John D. Hewitt Scholarship Fund was established in 1981 to honor his memory by promoting excellence in education.

APPLICANT'S FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

BUSINESS/EMPLOYER NAME: \_\_\_\_\_

BUSINESS/EMPLOYER ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AI ACCOUNT NUMBER: \_\_\_\_\_

CANDIDATE TYPE (circle one)                  General                  Residential

IF A TRAINEE, NAME OF SUPERVISOR \_\_\_\_\_

**Scholarships are now available to Massachusetts Rhode Island & Maine Chapter professionals in good standing for Appraisal Institute qualifying and designation education courses offered in-person by the Massachusetts Rhode Island & Maine Chapter as well as Appraisal Institute synchronous courses not offered by the Chapter with a priority given to chapter-offered courses.**

Please provide the information below for the course you are requesting a scholarship. All boxes must be checked.

Course Name that the scholarship is being requested for:  
\_\_\_\_\_

Course Dates:  
\_\_\_\_\_

Course Delivery method (select one)  
In-person Classroom/Venue name: \_\_\_\_\_  
or  
Synchronous/Livestream Classroom

Course registration fee: \_\_\_\_\_

By checking this box, I am confirming I do not have the ability to be reimbursed for this course by my employer.

By checking this box, the applicant understands that the Committee, or an assigned representative, reserves the ability to interview the applicant.

Please provide below (or attached) a complete list of your appraisal education, including class name, provider, and pass/fail.

---

---

---

---

---

Please explain how this scholarship will help you in your appraisal career?

---

---

---

---

---

Certification

I hereby certify that the information given herein, which you are authorized to verify, is true and correct.

---

*(Signature of Applicant)*

---

*(date)*

Please return completed application to:

Lianne Andreucci  
Executive Director  
Massachusetts Rhode Island & Maine Chapter of the Appraisal Institute  
51 Pleasant Street  
Malden, MA 02148