

*Application Due:*

**December 6, 2020**

AMERICAN PLANNING ASSOCIATION - WASHINGTON STATE CHAPTER

Spring 2021 – REDUCED EXAM FEE SCHOLARSHIP

APPLICATION

AICP has provided the Washington APA Chapter with three scholarships for taking the AICP exam at a reduced cost. This program was instituted to offer assistance to individuals who must bear financial hardship as a result of signing up to take the exam or who defer taking the exam because of the high cost.

The AICP exam fee is normally $510 for new traditional and candidate program applicants. **Scholarship winners are eligible to take the exam for $210**.

Scholarship applications will be reviewed by a committee of APA-WA Chapter officials. Depending on applications received, up to three winners will be designated, along with an alternate/s (in the event a recipient decides to not sit for the May exam). **Scholarship applicants are asked to not submit their exam applications until notified by the Chapter** (on 11/7) **of the scholarship decision outcome so APA can adjust the online record to reflect the lower application rate.**

**Scholarship Criteria**: National APA/AICP has made these scholarships available to chapters to assist persons who may be dissuaded from taking the exam because of the hardship the exam cost presents (e.g., the applicant’s employer does not pay for the applicant to take the exam), and to encourage all planners of all races and ethnicities to become certified professional planners.

Consistency with these goals will be seriously considered, however our chapter’s highest priority is to ensure that our members benefit from the availability of these scholarships. Please make your case for your scholarship-worthiness.

**Veteran?** If you are a veteran, the cost of the AICP exam is reimbursable under the GI Bill. Since 2001, military veterans (and their surviving dependents) can ask the Veterans Administration to reimburse the AICP exam fee. [Additional information](https://www.planning.org/certification/gibill/) on the GI Bill Education Benefits Program is available at [www.benefits.va.gov/gibill/licensing\_certification.asp](http://www.benefits.va.gov/gibill/licensing_certification.asp) or send an e-mail to AICPexam@planning.org.

*►* ***The applications submitted and the selection of scholarship recipients will be kept strictly confidential. The final scholarship recipient selection rests with the PDO and shall be final.***

**Scholarship applications are due by Sunday, December 6, 2020.** Completed applications must be **received** by **email** by the deadline. If you cannot email your application, please contact me and we’ll make other arrangements. The Chapter will evaluate applications received and notify selected applicants by November 7th.

Wayne E. Carlson, FAICP

APA-WA PDO

wecarlson@ahbl.com

If you have any questions, please feel free to contact me (Wayne Carlson) at 253/380-4212.

**GENERAL**

|  |  |
| --- | --- |
| Name of Applicant:       | Date:       |
| Local Address:       | City:       |
|        | State/Zip:       |
| Work telephone:       | Email address:       |
| Minority Status/Ethnicity:       | Male [ ]   Female [ ]  |  |
| Other/Prefer not to say [ ]    | Age       |
| WA Chapter APA Member?  | Yes [ ]  No [ ]  |
| Are you a first-time exam registrant? | Yes [ ]  No [ ]  |
| Are you applying to take the exam as an AICP Candidate? | Yes [ ]  No [ ]  |
| Have you been previously approved to take the exam?  | Yes [ ]  No [ ]  |
| When was your first opportunity to take the exam (Spring/Fall and year)       |
| How many times have you taken the exam?  | Yes [ ]  No [ ]  |

**EMPLOYMENT**

Your Current Employer:

Your Position:

Your Telephone Number:

Supervisor Name & Title:

Supervisor Telephone:

*Please respond to the following questions as succinctly as possible. If necessary, you may attach additional pages.*

**FINANCIAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Does your employer pay your APA dues? | Yes [ ]  | No [ ]  |
| Is it customary in your office for your employer to pay AICP dues? | Yes [ ]  | No [ ]  |
| Will your employer pay for all or any portion of your exam fee (or reimburse you)? If yes, please describe:       | Yes [ ]  | No [ ]  |

### **SCHOLARSHIP INFORMATION** (*these responses may be submitted on an additional page*)

### Describe your reasons for seeking AICP certification, and what AICP certification means to you.

### Please submit an explanation of why you feel you should receive this reduced fee scholarship. Any compelling issues should be described.

*I declare that the information reported on this form, to the best of my knowledge, is true, correct, and complete.*

Signature of Applicant Date