



American Planning Association
Michigan Chapter

Making Great Communities Happen

2012 Student Scholarship Application

COMMUNITY PLANNERS MEMORIAL SCHOLARSHIP PROGRAM

Incomplete applications or those missing required materials will not be considered for award.

Email completed application to info@planningmi.org or mail to MAP, 219 S. Main St., Ste. 300, Ann Arbor, MI 48104.

Application Deadline: April 27, 2012. Emailed applications preferred. This scholarship is not based on financial need.

Name _____
Last First Middle

Permanent Mailing Address

Street City State Zip Code

Permanent Phone Number _____ Cell Phone _____

Date of Birth _____ U.S. Citizen Yes _____ No _____

Member of the Michigan Association of Planning Yes _____ No _____

Membership with the Michigan Association of Planning, a chapter of the American Planning Association, is required at time of application. Contact MAP office at (734) 913-2000 or via e-mail at info@planningmi.org to determine membership status or to join.

School: Michigan College or University at which you are currently enrolled in an urban or regional planning program or related curriculum with an emphasis on land use planning.

Graduate Students: Undergraduate degree obtained, date of graduation and school (attach copy of transcript)

Undergraduates: Name of degree pursuing, anticipated year and semester of graduation (attach copy of transcript)

All: Cumulative undergraduate grade point average (based on a 4.0 scale) _____

ESSAY: Submit a typewritten statement (1" margins, double-spaced, 12 pt. Times New Roman Font) of 1½ to 2½ pages in length describing your reasons for pursuing a degree in land use planning and **how it will benefit planning in Michigan.**

REFERENCES: Attach two letters of recommendation.

ACTIVITIES: On the next page of this application, describe your activities as they relate to the areas described.

PERMISSION TO RELEASE INFORMATION: By submitting this application, I authorize university and/or college officials and professors to make available to the MAP Memorial Scholarship Committee information concerning my academic records as they relate to my application for this scholarship. Yes _____ No _____

APPLICANT'S SIGNATURE _____ **DATE** _____

Name _____

ACTIVITIES

Work Experience: List full-time, part-time and summer employment you have held since entering college. (Please continue on a separate sheet if necessary)

Professional Activities & Memberships: List professional activities and memberships (other than employment) that you have been involved in during college. (Please continue on a separate sheet if necessary)

Activities: List your on-campus and off-campus extracurricular activities (other than employment) that you have been involved in since entering college. (Please continue on a separate sheet if necessary)