



American Planning Association  
Michigan Chapter  
Making Great Communities Happen

# Student Scholarship Application

## COMMUNITY PLANNERS MEMORIAL SCHOLARSHIP PROGRAM

**Application Deadline: Via email by April 6, 2018 | This scholarship is not based on financial need.**

Name \_\_\_\_\_  
Last First Middle

**Permanent Mailing Address**

Street City State Zip Code

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ U.S. Citizen Yes \_\_\_ No \_\_\_

**Member of the Michigan Association of Planning** Yes \_\_\_ Since \_\_\_\_\_ 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](mailto: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) \_\_\_\_\_

**All scholarship applications must be submitted electronically. Send ONE PDF that combines all of the required attachments, in order, into a single document for a complete application (do not send in separate documents) Those missing required materials will not be considered. Email completed application to [info@planningmi.org](mailto:info@planningmi.org)**

- APPLICATION
- TRANSCRIPTS
- 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** \_\_\_\_\_

## ACTIVITIES

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

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**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)

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**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)

***Send the completed application as one PDF in the following order: application, transcripts, essay, two letters of recommendation, and activities. Applications that are incomplete will not be considered.***