



American Planning Association
Michigan Chapter
Making Great Communities Happen

Student Scholarship Application

COMMUNITY PLANNERS MEMORIAL SCHOLARSHIP PROGRAM

Application Deadline: Via email by May 17, 2019 | 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 to determine membership status or to join.

School: Michigan College or University at which you will be enrolled and attending during the 2019-2020 academic year 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 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

- APPLICATION**
- TRANSCRIPTS**
- ESSAY:** Submit a typewritten statement 800 words describing your reasons for pursuing a degree in land use planning and **how it will benefit planning in Michigan.**
- REFERENCES:** Attach one letter 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

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)

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