



Diversity, Equity, and Inclusion Conference Scholarship Application

The funding for this scholarship is made available by the Board of Directors of the International Association of Assessing Officers to provide greater opportunities for members to attend the annual conference.

The intent of this scholarship is to demonstrate IAAO's commitment to Diversity, Equity, and Inclusion in all its forms within the association. The scholarship award is \$1,500 and is designed to defray conference registration, hotel, and transportation fees for members from typically underrepresented demographics within IAAO.

In addition to whether the applicant is a member of an underrepresented group in the association, the applicant's financial need and statement outlining a commitment to Diversity, Equity, and Inclusion will be considered in selecting the recipients for this Scholarship. It is important for each applicant to complete all portions of the application and ensure that all required materials are submitted ahead of the deadline.

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General Guidelines

1. There is one (1) scholarship available per annual conference year.
2. Applicants must submit the required application form ninety (90) days prior to the annual conference.
 - a. Applications received less than 90 days from the event will not be considered.
3. All personally identifying information on applications for scholarship funds will be redacted by IAAO Staff before being evaluated by the Diversity, Equity, and Inclusion Task Force.
4. All submissions become the property of IAAO.
5. All applications should be submitted electronically to scholarships@iaao.org.

Questions regarding the scholarships can be directed to Shawn Lee House, house@iaao.org or 816/701-8106.

In addition, to be eligible for this scholarship opportunity, applicants must:

- a. Be a current member of IAAO in good standing for at least one year.
- b. Be self-identified as an underrepresented member.
- c. Be a first-time attendee to the IAAO annual conference.
- d. Have never been an IAAO board member.
- e. Demonstrate/explain financial need.
- f. Cite/explain specific actions/accomplishments within the year prior to conference that demonstrate a commitment to **Diversity, Equity, and Inclusion**
- g. Have your assessment industry employer complete the attached letter.

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Applicant Information

**Incomplete applications will not be considered*

Name: _____

IAAO Membership #: _____

Years of Membership in IAAO: _____

Years in Assessment Industry: _____

Jurisdiction: _____

Job Title: _____

Personal Phone: _____

Work Phone: _____

Email Address: _____

Mailing Address: _____

City, State/Province: _____

Zip/Postal Code: _____

Jurisdiction Parcel Count: _____

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**To evaluate your application fairly and completely, all questions must be thoroughly completed.*

1. Please include a brief narrative description explaining your financial need to attend the annual conference.
2. Please itemize the conference activity expenses that you expect to incur as a part of this educational program, including registration, travel, meals, lodging, and any incidental expenses.
3. How much of the expense noted in your answer to question #2 are you personally incurring?
4. Please tell us if you consider yourself a member of an underrepresented group.
5. Please cite your actions/accomplishments throughout the application year that demonstrate your commitment to **Diversity, Equity, and Inclusion** in your office, community, IAAO chapter, internationally, etc.

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Employer Approval

I, _____,

(Job Title) _____,

for the (Office) _____,

concur with the above application and support the above noted applicant in their desire to attend the IAAO Annual Conference. In addition, I certify that our office does not have budget approval and will not be fully paying for or reimbursing this applicant for expenses incurred to attend the annual conference in the application year.

Signed: _____

Date: _____

For IAAO Scholarship Evaluation Use Only:

Date Application Received: _____

Membership Status: _____

Diversity, Equity, and Inclusion Task Force Action:

Date: _____

Chair Signature: _____

Approved _____

Disapproved

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