



## **APPLICATION FOR A GRANT**

### **ASA Educational Foundation\***

### **American Society of Appraisers**

11107 Sunset Hills Road, Suite 310  
Reston, VA 20190  
Phone: (800) 272-8258

The ASA Educational Foundation's purpose is to further appraisal and valuation education. The ASA Educational Foundation Board of Directors can make grants available to any organization or individual and loans to any organization that meets the Board of Directors' standards in accordance with the Educational Foundation's Certificate of Incorporation and By-Laws. All loans or grants are made at the sole discretion of the Educational Foundation's Board of Directors, considering the Grant & Loan Underwriting Standards.

#### **GENERAL INSTRUCTIONS:**

- Type or print and complete all of the applicable information. Incomplete applications will not be considered.
- Attach any additional information that may be needed. Including but not limited to 3 years of completed tax returns and financial statement. Redact Social Security number (s).
- The grant request may be denied if false or misleading information is given.
- It is the policy of the ASA Educational Foundation to only approve requests for grants BEFORE the time that the grant is needed.
- The Board of Directors will act on all applications and will render its decision within 45 to 90 days of receipt of any applications, so all grant requests must be submitted 90 days before the event for which the grant is requested.
- The approval process can take several weeks, so any requests must be received well in advance of the date the funds are actually needed. If a request for a grant is approved, it is also the policy of the ASA Educational Foundation to make any grant payments directly to the offering body and not to the individual or body making the request.
- All grant requests must be received ninety (90) days before the event for which the grant is requested.
- Grants must be used within 90 days of their approval or the grant will be withdrawn and the funds will be redirected.
- Please be advised that any grants issued by the ASA Educational Foundation are for one course at a time. Applicants may request for more than one course, but such requests will not be granted until the applicant provides proof of successfully completing the first approved course coupled with a request to be approved for a subsequent course. The ASA Educational Foundation may require completion of a completely new application and more current data before approval is granted for additional course work.

#### **PERSONAL INFORMATION**

Name

Permanent Mailing Address

City State ZIP Code

Country

Day Telephone Number Evening Telephone Number

Mobile Telephone Number

E-Mail Address

Home Address (if different from above)

City State ZIP Code

Country

\*The ASA Educational Foundation is a separate and distinct 501© (3) corporation from the American Society of Appraisers.  
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Citizen of what country?

Are you a foreign student studying or planning to study in the U.S.?

If yes, please explain.

**EDUCATION:**

State highest education level and all schools of higher learning, dates attended, degrees received and dates degrees were received.

Institution Name and Location

Dates Attended                      Degrees Received    Dates Degrees Received

Institution Name and Location

Dates Attended                      Degrees Received    Dates Degrees Received

Institution Name and Location

Dates Attended                      Degrees Received    Dates Degrees Received

**FINANCIAL AND EMPLOYMENT BACKGROUND**

Current Company Name

Company Address

City    State    ZIP Code

Company Telephone Number

Social Security Number

Current Salary

Please be sure to provide:

- Copies of your last three years' income tax returns with Social Security number (s) redacted.
  - (Note: Company returns will not be accepted. If joint return, indicate appropriate portion attributed to applicant.)
- A financial statement of the applicant's net worth.

**PRIOR EMPLOYMENT**

Company Name    Dates    Salary History

Company Name    Dates    Salary History

Company Name    Dates    Salary History

**ASA AFFILIATION: If you are a member of ASA please indicate:**

Local Chapter

Discipline

How long have you been a member?

Current membership status

How long have you had that status?

Do you intend to become a member?

If you are not a member of ASA, why not?

What else might the ASA Educational Foundation do to assist you in becoming a member of the ASA?

Do you belong to any other appraisal organizations?

If so, please name the organization and list any designations that you may hold.

Have you made any other or prior requests for grants from ASA or any other organization?

Were they approved or rejected? If rejected, please enumerate.

Why are you seeking this grant? (Check one)

College

American Society of Appraisers Level Courses

Manuscript or Course Development

Other (please explain in detail)

Total amount of grant requested \$

Tuition:

Materials:

Fees:

Other:

Other please explain:

Course Name

Name of Offering Institution

Mailing Address of Offering Institution

City

State

ZIP Code

Contact Person at Offering Institution: Name:

Telephone:

Email Address:

What is your objective in taking this course? [It is advisable to explain your objective(s) in detail.]

Do you expect to take additional courses in this field?

If so, please explain why, what courses and when you anticipate taking them.

Please explain in detail how this grant will be used to benefit the public. (Include an explanation of what educational purposes are served by this project.)

**CERTIFICATION**

All persons providing information on this application must sign this application. If the applicant is a minor, a parent is required to sign this application in the space provided.

**AFFIRMATION**

Under the penalties of perjury, all of the information provided by me, or any person on this application, is true and complete to the best of my knowledge. I understand that this application is being filed jointly by all. If asked by an authorized official of the ASA Educational Foundation, I agree to give proof of the information contained in this application. I also understand that if I do not supply proof of information when requested, the grant processing will cease.

I further affirm to supply the ASA Educational Foundation with a copy of proof of my attendance at the designated course along with proof of my passing or failing the course.

Applicant Date

Parent or other person Date

**PROCESSING**

Please make sure you have fully completed, dated and signed this application. Please **SCAN PDF** file and email to the ASA Educational Foundation Chair. The applicant **should not** contact ASA International Headquarters concerning the status of the request. Applicant should only contact the current Chair of the Educational Foundation via email.

**Blake J. Runckel, ASA**  
**Chair, ASA Educational Foundation Board of Directors**  
**brunckel@corpval.com**  
**503-235-7777**

You will be advised by mail or electronic mail if further information is required or if your request is granted or denied.

**ASA Educational Foundation Use Only**

Date received \_\_\_\_\_ Date Forwarded to Reviewers \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date Applicant Notified \_\_\_\_\_

Comments \_\_\_\_\_

Signature of Processor \_\_\_\_\_ Date Signed \_\_\_\_\_