





**10. Certification**

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated. I also understand that the application will not be complete without the letter of recommendation enclosed. I understand that in order to be considered for review of applications, materials must be postmarked no later than the deadline date. It is also my understanding that no materials will be returned.

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Name	Address
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UPON COMPLETION OF THIS APPLICATION, MAIL FORM, ESSAYS AND TRANSCRIPTS TO THE ADDRESS BELOW.

Send your Spring 2018 transcript with the application. A transcript must accompany this application to be eligible for consideration of this award.

The American Institute of Architects  
Eastern Illinois Chapter  
P.O. Box 1476  
Homewood, Illinois 60430

*Scholarship Application*