



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

e-mail \_\_\_\_\_

phone \_\_\_\_\_

fax \_\_\_\_\_

Are you currently certified or attempting certification in any of these categories?

- CIM  CIP  CHI  CIT

For which category will you be using the scholarship?

- CIM  CIP  CHI  CIT

Please provide a short statement about why you wish to be certified.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What benefits will your certification provide to NAI, your agency and the profession?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What regional or national offices or committee positions have you held?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been a member of NAI or its parent organizations? \_\_\_\_\_

Please provide a short statement explaining your need for financial assistance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send completed application to :**

Lisa Brochu, NAI Associate Director  
PO Box 2246, Fort Collins, CO 80522  
fax: 970-484-8179

Questions about the certification program or scholarships should be directed to 888-900-8283 or [naiprograms@aol.com](mailto:naiprograms@aol.com).