

## ARCHITECT REGISTRATION EXAMINATION<sup>®</sup> (ARE<sup>®</sup>) SCHOLARSHIP

### **MISSION STATEMENT:**

THE NOMACT ARE SCHOLARSHIP EMPOWERS EMERGING PROFESSIONALS IN ARCHITECTURE BY PROVIDING ESSENTIAL FINANCIAL SUPPORT TO THOSE PURSUING LICENSURE. OUR MISSION IS TO ADVANCE DIVERSITY, EQUITY, AND INCLUSION IN THE PROFESSION BY OFFERING THIS SCHOLARSHIP TO MINORITY CANDIDATES, REDUCING BARRIERS TO LICENSURE AND SUPPORTING A MORE INCLUSIVE ENVIRONMENT THAT REFLECTS THE DIVERSE COMMUNITIES THAT ARCHITECTS SERVE.

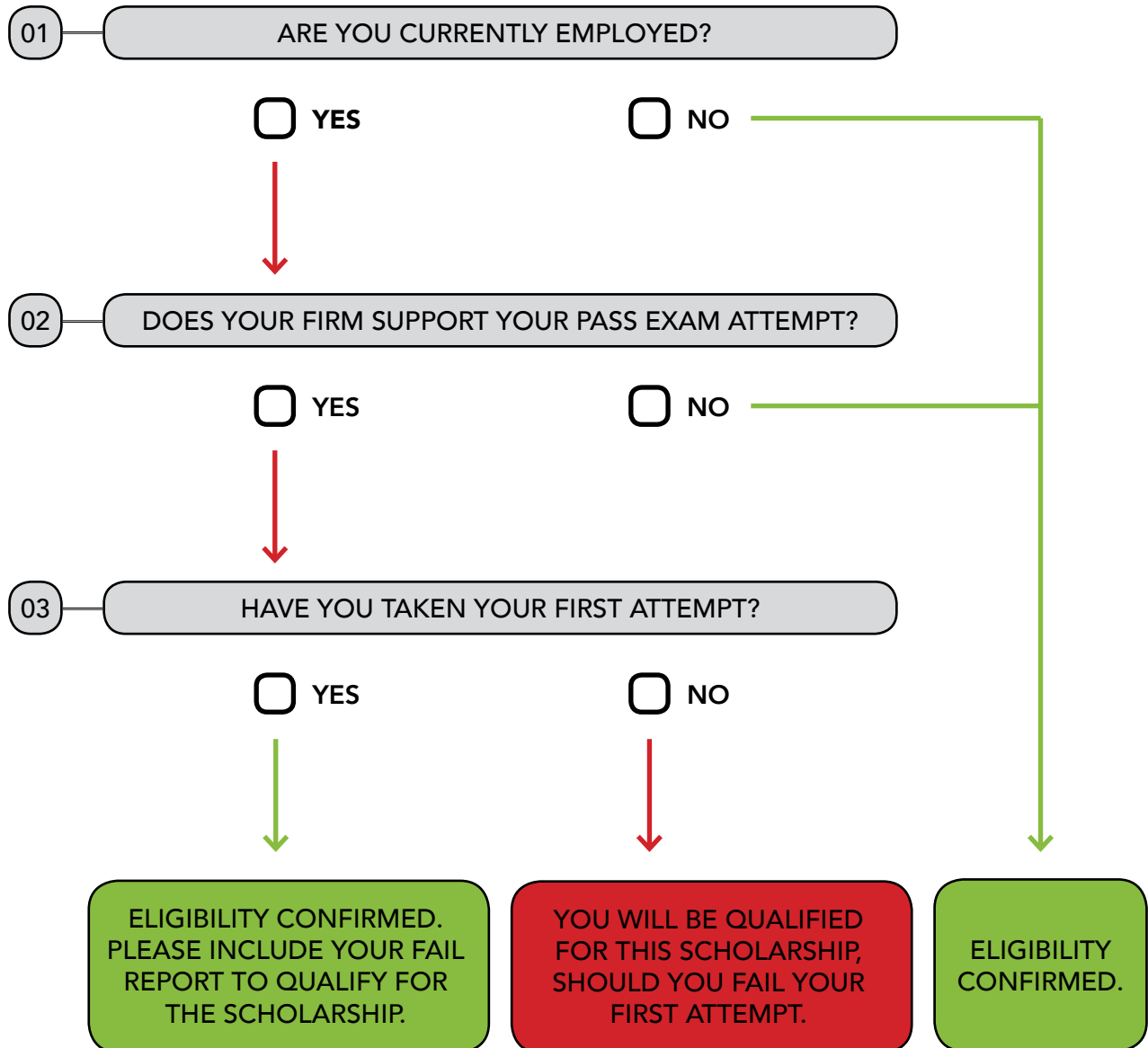
### **QUALIFICATIONS:**

SCHOLARSHIPS WILL BE AWARDED ON A FIRST-COME, FIRST-SERVED BASIS UNTIL AVAILABLE FUNDS ARE FULLY DISTRIBUTED, AND CANDIDATES MAY APPLY FOR THIS SUPPORT FOR AS MANY TESTS AS BEING TAKEN IN A GIVEN YEAR\*. CANDIDATE MUST BE NOMACT OR FRIENDS OF NOMACT MEMBER. EXAM CANDIDATES WHOSE FIRMS SUPPORT OR REIMBURSE EXAM FEES DO NOT QUALIFY FOR THIS SCHOLARSHIP FOR THEIR FIRST TEST ATTEMPTS. A CANDIDATE MAY APPLY FOR THIS SCHOLARSHIP FOR ANY SUBSEQUENT ATTEMPT BY SUBMITTING PROOF OF THE FIRST ATTEMPT AND REPORT OF FAILURE.

*\* NCARB ALLOWS A MAXIMUM OF THREE ATTEMPTS PER YEAR FOR EACH EXAM DIVISION. AFTER A THIRD UNSUCCESSFUL ATTEMPT, NCARB REQUIRES CANDIDATES TO WAIT A FULL YEAR FROM THEIR FIRST ATTEMPT BEFORE MAKING A FOURTH ATTEMPT.*

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### ELIGIBILITY CHECK:



## ARCHITECT REGISTRATION EXAMINATION® (ARE®) SCHOLARSHIP

### APPLICATION FORM

#### A. GENERAL INFORMATION (\*\*REQUIRED)

FIRST NAME : \_\_\_\_\_ LAST NAME : \_\_\_\_\_

EMAIL : \_\_\_\_\_ PHONE : \_\_\_\_\_

NOMA MEMBER NUMBER : \_\_\_\_\_ D.O.B (MM/DD/YYYY) : \_\_\_\_\_

RACE / ETHNICITY : \_\_\_\_\_ GENDER : \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP CODE : \_\_\_\_\_

#### B. EDUCATION INFORMATION (\*\*OPTIONAL)

BACHELOR'S DEGREE : \_\_\_\_\_

COLLEGE : \_\_\_\_\_ GRADUATION YEAR : \_\_\_\_\_

MASTER'S DEGREE : \_\_\_\_\_

COLLEGE : \_\_\_\_\_ GRADUATION YEAR : \_\_\_\_\_

#### C. PROFESSIONAL EXPERIENCE (\*\*REQUIRED)

CURRENT EMPLOYER : \_\_\_\_\_

#### D. NCARB INFORMATION (\*\*OPTIONAL)

WHICH OF THE FOLLOWING EXAM(S), YOU HAVE ALREADY PASSED?

PRACTICE MANAGEMENT :   
PROJECT MANAGEMENT :   
PROGRAMMING AND ANALYSIS :

PROJECT PLANNING & DESIGN :   
PROJECT DEVELOPMENT & DOCUMENTATION :   
CONSTRUCTION & EVALUATION :

I UNDERSTAND THAT THIS SCHOLARSHIP ONLY PAYS FOR EXAM FEES AND DOES NOT COVER RE-SCHEDULING OR CANCELLATION FEES. FURTHERMORE, I ACKNOWLEDGE THAT NOMACT ENCOURAGES ALL SCHOLARSHIP RECEIPIENTS TO INFORM THE ORGANIZATION AT [INFO@NOMACT.ORG](mailto:INFO@NOMACT.ORG) UPON PASSING THEIR ALL LICENSURE EXAMS. NOMACT IS EAGER TO CELEBRATE THIS SIGNIFICANT MILESTONE ALONGSIDE THE CANDIDATE. ADDITIONALLY, NOMA NATIONAL HONORS NEWLY LICENSED ARCHITECTS EVERY YEAR AT THE NATIONAL CONFERENCE, AND YOUR NAME WILL BE SUBMITTED FOR THIS RECOGNITION AT THIS SPECIAL EVENT.

E SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

01

ARE YOU CURRENTLY EMPLOYED?

YES

NO



02

DOES YOUR FIRM SUPPORT YOUR PASS EXAM ATTEMPT?

YES

NO

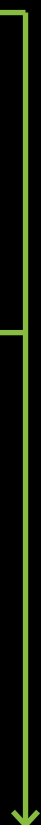


03

HAVE YOU TAKEN YOUR FIRST ATTEMPT?

YES

NO



ELIGIBILITY CONFIRMED.  
PLEASE INCLUDE YOUR FAIL  
REPORT TO QUALIFY FOR  
THE SCHOLARSHIP.

YOU WILL BE QUALIFIED  
FOR THIS SCHOLARSHIP,  
SHOULD YOU FAIL YOUR  
FIRST ATTEMPT.

ELIGIBILITY  
CONFIRMED.