

Please type or print clearly.

LASTNAME MIDDLE NAME FIRST NAME

IREM ID Number Local IREM Chapter Affiliation

Choose the IREM credential you are seeking to earn:

___ CPM® designation ___ ARM® certification ___ ACoM® certification

I am an AMO® Firm employee _____

Name of Employer: _____

Have you received IREM® Chapter or Foundation Funding in the past? _____ YES _____ NO

If yes, which scholarship or grant did you receive? _____ When did you receive this funding? _____

Amount of funding received: \$ _____

Citizenship: U.S. ___ Canada ___ Other: ___ Are you of legal age? ___ Yes ___ No Date of birth: ___/___/___

Home Address:

Business Address:

CITY STATE ZIP/POSTAL CODE COMPANY NAME

CITY STATE ZIP/POSTAL CODE STREET

COUNTRY CITY STATE ZIP/POSTAL CODE

PHONE FAX EMAIL

All of the information provided herein by me is complete and accurate to the best of my knowledge and belief. If I made, or at any time make any statement with knowledge of its falsity, I understand that it shall be cause for denial of an IREM® Chapter 85 Scholarship.

SIGNATURE DATE

PRINT NAME

To be considered, the completed application must include:

- ___ A written statement by the applicant of their intent of earning an IREM® credential (ARM®, ACoM®, CPM®). The written statement should also express an interest in and a commitment to real estate management as a career, and accomplishments of the applicant that support such commitment. If the applicant is a member of an underrepresented population group, the population in the area where the applicant lives or works should be described.
- ___ Current resume.

Employer-Provided Educational Assistance

Receiving educational assistance will not preclude any applicant from consideration.

Does your employer provide educational assistance?

- ___ No
- ___ Yes Please describe the type of assistance provided or attach a copy of your employer's educational assistance policy