



Education Scholarship Application

The Apartment Association Outreach, Inc. announces Education Scholarships available for winter 2012 classes. The winter session of the NALP series begins Thursday, January 26th and the CAM series begins Tuesday, March 27th. All applicants must hold a valid High School diploma or the equivalent. Careful consideration is given prior to awarding the Education Scholarship with special emphasis placed on an individual's commitment to the industry, general industry knowledge and overall character. The Education Scholarship includes a waiver of the following:

Scholarship is held by the individual and not the member company and is not transferable. Scholarship is valid only from January 2012 through May 2012.

Scholarship applications must be received on or before **December 30, 2011**. Applications may be mailed to AAO, 525 W Fifth St Suite 105, Covington, KY 41011, emailed to viann@gcnkaa.org or faxed to 859-581-5993. The finalist for the two scholarships will be notified by Tuesday, January 3, 2012 in order for the recipients to attend the 2012 Installation Dinner as a guest of the Outreach Tuesday, January 10, 2012 at the Marriott, Covington KY. All information submitted is strictly confidential and will be reviewed only by the scholarship judges.

Please complete the information below. Circle one to indicate scholarship applying for: NALP CAM

NAME _____

HOME ADDRESS _____

TELEPHONE NUMBER _____ Cell Phone _____

EMAIL ADDRESS _____

EMPLOYER _____ PHONE _____

WORK ADDRESS _____

PROPERTY NAME (IF APPLICABLE) _____

IMMEDIATE SUPERVISOR _____

1. How long have you been employed in the multi-family housing industry? _____

2. Please list any degrees, designations, licenses or certifications you have. (high school or GED)

3. List any activities, if applicable, you have been involved with through the Greater Cincinnati Northern Kentucky Apartment Association.

4. Please attach one (1) current professional letter of recommendation for the scholarship from your supervisor.

SCHOLARSHIP AGREEMENT

I, _____ do hereby agree that all the above information is true and correct to the best of my knowledge. Additionally, I do hereby acknowledge that should I become a scholarship recipient, I am fully responsible for attendance of all classes.

Signature _____ Date _____

GCNKAA does not discriminate on the basis of age, race, national origin, sex, religion, color, handicap or familial status.

Date returned _____	For office use only Authorized signature _____
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THE APARTMENT ASSOCIATION OUTREACH, INC.
EDUCATION SCHOLARSHIP APPLICATION

Scholarship Recipient Authorization Form

The applicant has applied for an Education Scholarship through The Apartment Association Outreach, Inc. The authorized signature below serves as acknowledgement that the individual applying has completed and submitted all paper work necessary to be considered as a possible scholarship recipient. This also serves as authorization from the APPLICANT'S supervisor/manager, that if the applicant is selected as a Scholarship recipient, they shall allow the time necessary to attend classes selected by recipient.

Authorized Signature of Supervisor/Manager _____

Supervisor's Title _____ Date _____

Applicant's Signature _____

Applicant's Title _____ Date _____

This form to be completed by applicant and his/her supervisor as part of the completed scholarship packet.

Please refer to the Winter Designation Course Schedule for complete class information.