



## Darren E. Lee Education Scholarship Application

### SECTION A

Please complete the information below.

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### SECTION B

Complete the following if you have experience or involvement in the apartment industry.

1. Please list any job experience you have related to the apartment industry.

- A. \_\_\_\_\_ B. \_\_\_\_\_
- C. \_\_\_\_\_ D. \_\_\_\_\_

2. Please list any degrees, designations, licenses or certifications you have.

- A. \_\_\_\_\_ B. \_\_\_\_\_
- C. \_\_\_\_\_ D. \_\_\_\_\_

3. List any activities you were involved with through AAGO in the past 12 months.

- A. \_\_\_\_\_ B. \_\_\_\_\_
- C. \_\_\_\_\_ D. \_\_\_\_\_

### SECTION C

1. Are you eligible for tuition reimbursement from your current employer?  Yes  No

2. Have you asked and been denied financial assistance for this education and training?

- Yes  No

Regional Manager phone number: \_\_\_\_\_

**\*\*Regional manager will be notified of this application\*\***

3. Which course, designation, or seminar do you wish the scholarship to be applied to? (i.e. CAM, CAMT, Fair Housing, etc. )

\_\_\_\_\_

**SECTION D**

Complete the following if you have NO experience or involvement in the apartment industry.

1. Why are you interested in the apartment industry?

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

2. Have you participated in any events within the apartment industry?

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

3. Please list any degrees, designations, licenses or certifications you have.

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

**SECTION E**

On a separate sheet of paper please write a brief essay describing your career goals and the reason you should be considered for this scholarship.

Please submit letter of recommendation from current supervisor, guardian, etc.

**SECTION F**

Please list two references below. At least one reference must be professional in nature.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Scholarship Agreement**

I, \_\_\_\_\_, do hereby agree that all the above information is true and accurate to the best of my knowledge. Additionally, I do hereby acknowledge that should I become a scholarship recipient, I am fully responsible for the attendance & completion of all classes. I understand that I may be responsible for all or part of the hard costs of the program such as book fees, etc. Should I default, AAGO Foundation may require that I reimburse the Scholarship in the amount of the award on or before the end of the scheduled course. I understand that if selected as a scholarship recipient, I am expected to give back to AAGO Foundation by volunteering at an event. I authorize the Apartment Association of Greater Orlando Foundation and/or it's agents to verify any of the information provided on this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Foundation Representative Review**

**Review Date:** \_\_\_\_\_ **Approved?**  Yes  No

**Foundation Representative Signature:** \_\_\_\_\_

**President of AAGO Foundation Signature:** \_\_\_\_\_

**Senior Vice President Signature:** \_\_\_\_\_