



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.)

AAGO Foundation

340 N. Maitland Avenue, Maitland, FL 32751
407.644.0539 407.644.6288 Fax www.aago.org

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 _____

Foundation Representative Review

Review Date: _____ **Approved?** Yes No

Foundation Representative Signature: _____

President of AAGO Foundation Signature: _____

Senior Vice President Signature: _____