

# The Apartment Association of Southern Colorado Scholarship Application

I am applying for the:

\_\_\_\_\_ CAM Scholarship

\_\_\_\_\_ CALP Scholarship

\_\_\_\_\_ CAMT Scholarship

## ELIGIBILITY REQUIREMENTS

- Be employed by a member in good standing with AASC
- Have the proper industry experience as stated below:
  - CALP - 1 year industry experience
  - CAM - 2 year industry experience
  - CAMT - 1 year industry experience
- Be available to take the classes as scheduled.
- Submit this application in its entirety no later than **November 30, 2021**.
- Meet all the designation requirements as stated by NAA.

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Management Company: \_\_\_\_\_

Property Name: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Return by November 30, 2021

**For full consideration applications must have all of the following documentation:**

- Both pages of the application submitted in its entirety.
- A 250 word statement about why you should be considered for the designation listed above.
- Attach current resume.
- Attach a professional letter of recommendation.

#### By Mail To:

The Apartment Association of Southern Colorado  
Attn: Connie Palacios  
1365 Garden of the Gods Rd. Suite 120  
Colorado Springs, CO 80907

#### By E-mail To:

[connie@aschq.org](mailto:connie@aschq.org)



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**Describe your career goals and how this scholarship will contribute to achieving these goals:**

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**How do you keep yourself informed of industry news, trends, and best practices?**

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**Which AASC events have you attended in the past year?** (check all that apply)

Beat, Bags, & Brews

Clay Shooting

Virtual Peak Awards

Bowling Tournament

PAC Event

Virtual Installation

*(Wine or Bourbon Tasting)*

Golf Tournament

Amazing Race

Casino Bus

**Please list the education classes you attended in the past year:**

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**Did you serve on an AASC Committee in the past year?** \_\_\_\_\_ **YES** (list below) \_\_\_\_\_ **NO**

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## Scholarship Agreement

I, \_\_\_\_\_, do hereby agree that all of the information provided 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 at ALL classes. I understand that should I default, The Apartment Association of Southern Colorado will require a reimbursement in full of the scholarship amount by the end of the course.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Scholarship Applicant Authorization Form

The applicant below has applied for a CAM, CAMT, or CALP scholarship through The Apartment Association of Southern Colorado. The authorization signature below serves as acknowledgment 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 be allowed the time necessary to fulfill all obligations for the selected designation.

Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Company: \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form is to be signed by applicant and his/her supervisor as part of the completed scholarship packet.  
Signatures guarantee attendance if the applicant is chosen as a scholarship recipient.*

**THANK YOU TO OUR SCHOLARSHIP CONTRIBUTOR:**

