The Apartment Association of Southern Colorado Scholarship Application

I am applying for the:	
CAM Scholarship CALP Scholarship	CAMT Scholarship
ELIGIBILITY REQU	IREMENTS
 Be employed by a member in good standing with AASC Have the proper industry experience as stated below: CALP - 6 months industry experience 	e available to take the classes as heduled. Ibmit this application in its entiretyno cer than May 22, 2025 eet all the designation requirements stated by NAA.
Name:	
E-mail:Phone:	
Management Company:	
Property Name:	
Supervisors Name:P	Phone:

Return by May 22, 2025

To ensure full consideration, all application materials must be submitted as a single PDF document and include the following:

- A fully completed application (both pages).
- A 250-word statement explaining why you should be considered for the designation.
- A current resume.
- A professional letter of recommendation.



By E-mail To:

Codi Foley at codi@aaschq.org

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

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

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

Please list the education cla	sses you attended in th	e past year:
Golf Tournament	Trade Show	Silent Auction
Bowling Tournament	PAC Event	Holiday Dinner
Beat, Bags, & Brews	PAC Golf	Installation

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 Signature:	Date:
Company:	
Title:	Company:
Supervisor's Name:	

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:

