



Kirby Davis CAPS Education Scholarship Application



**All applications must be completed and returned
to the Greater Nashville Apartment Association
office by March 27th, 2026**

**Greater Nashville Apartment Association
Two International Plaza, Suite 201
Nashville, TN 37217
Phone: 615-365-3047**

Greater Nashville Apartment Association



EDUCATION SCHOLARSHIP APPLICATION

The Greater Nashville Apartment Association awards scholarships for the NAA Credential classes we offer each year. The Certified Apartment Portfolio Supervisor (CAPS) program is an in-depth review of property management principles and techniques as used by the professional supervisor. This course helps the professional make the connection between knowledge and on-the-job performance. All applicants must have a Minimum of 24 months of multi-site property management experience or be a CAM, ARM, or RAM credential holder in good standing with 24 months of management experience. Careful consideration is given before awarding an Education Scholarship with special emphasis placed on an individual's commitment to the industry, general industry knowledge, and overall character.

Scholarship applications for the **CAPS** designation class must be received on or before **March 27th, 2026**. All information submitted is strictly confidential and will be reviewed only by the scholarship judges. If your management company offers a tuition reimbursement program you are not eligible for these scholarships. The winner(s) will be notified as soon as the scholarship is approved.

Please complete the information below.

NAME _____

HOME ADDRESS _____

TELEPHONE NUMBER _____ ALTERNATE PHONE _____

EMPLOYER _____ PHONE _____ FAX _____

WORK ADDRESS _____

PROPERTY/COMPANY _____

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:

3. Please use this space provided to state your career goals:

4. List any activities you have been involved with offered by GNAA in the past 12 months.

Committee Involvement: _____

Community Service: _____

General Membership Meetings: _____

Associates, Maintenance, or Managers Luncheons: _____

Other: _____

5. On a separate sheet of paper, please explain in 100 words or less why you should be considered as an Education Scholarship recipient. Please be specific. This must be typed.
6. Please attach two (2) current professional letters of recommendation. These letters may not be from the same professionals mentioned above.

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 and completion of all projects. Should I default, GNAA may require that I reimburse the Scholarship in the full amount of the award. Upon receiving my designation, I agree to service on one GNAA committee for a one-year term.

Signature _____ Date _____

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

*A special thank you to the following contributors for their donations
and a passion for education within our industry:*

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Rasa Floors
Silver Linings Concierge
Timberland Partners
Valet Living
Wheeler, Inc.***

For office use only

Date returned _____ Authorized signature _____

GREATER NASHVILLE APARTMENT ASSOCIATION

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Scholarship Recipient Authorization Form

The applicant below has applied for an Education Scholarship through the Greater Nashville Apartment Association. 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 fulfill all obligations for the duration of the classes, exams and the completion of a project.

Authorized Signature of Supervisor/Manager _____

Supervisor's Title _____ Date _____

Applicant's Signature _____

Applicant's Title _____ Date _____

This form is to be completed 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.

**Please mail the completed application to:
Greater Nashville Apartment Association
Two International Plaza, Suite 201
Nashville, TN 37217
(615) 365-3047**