

**IREM Maryland R. Bruce Campbell Grant Fund**

**Name:** \_\_\_\_\_  
Last First Middle

**Scholarship Request:** \_\_\_\_\_ **To Be Used For:** \_\_\_\_\_  
\$ \_\_\_\_\_

**Check the applicable box(es):**

- CPM
- ARM
- ACoM
- CPM Candidate
- Associate Member
- Student Member

**Have you received funding from IREM Foundation or IREM Maryland Chapter 16 in the past?**  
Yes  No

**If "Yes", which scholarship or grant did you receive?** \_\_\_\_\_

**When did you receive it?** \_\_\_\_\_ **Amount of Grant:** \_\_\_\_\_

**Citizenship:** U.S.  Canada  Other  \_\_\_\_\_

**Home Address:**  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Phone Fax  
\_\_\_\_\_  
Email

**Business Address:**  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Phone Fax  
\_\_\_\_\_  
Email

**Current Employer:**

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Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_

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Start Date (Mo/Yr) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Nature of Firm's Business \_\_\_\_\_

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Describe your job responsibilities \_\_\_\_\_

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**Does your current employer have an education reimbursement policy?** Yes  No

**If "Yes", please attach a description or copy of the policy.**

**If you currently manage a portfolio of properties, please describe the portfolio:**

	Residential	Commercial	Industrial	Retail
No. of units or sq. ft.	_____	_____	_____	_____
No. of sites	_____	_____	_____	_____

In signing and submitting this application, I agree to hold IREM Maryland Chapter 16, IREM Headquarters and IREM Foundation, their employees, agents, officers and councilors harmless from any claims arising out of participation or application in this grant program.

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Signature \_\_\_\_\_

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Date \_\_\_\_\_