

IREM Maryland R. Bruce Campbell Grant Fund

Name:

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:

Business Address:

Current Employer:

Company Name	Position/Title
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Start Date (Mo/Yr)	Supervisor's Name
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Nature of Firm's Business

Describe your job responsibilities

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.

Signature

Date