

IREM Maryland Chapter 16 -Leonard Frenkil Jr. Scholarship Application

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:

Business Address:

_____ Street

_____ Street

_____ City State Zip

_____ City State Zip

_____ Phone Fax

_____ Phone Fax

_____ Email

_____ Email

Current Employer:

Company Name _____ Position/Title _____

Start Date (Mo/Yr) _____ Supervisor's Name _____

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 _____