



Apartment Association Outreach, Inc.
7265 Kenwood Rd. Suite 100, Cincinnati, OH 45236
513.407.8612 Fax 513.407.7868 www.gcnkoutreach.org

EDUCATION SCHOLARSHIP APPLICATION

The Apartment Association Outreach, Inc. announces Education Scholarships available for spring 2019 classes. The CAMT series begins Tuesday, February 5th, valued at \$850.00 and the CAM series begins Thursday, February 7th, valued at \$875.00. All applicants must hold a valid High School diploma or the equivalent and who are presently employed by Greater Cincinnati Northern Kentucky Apartment Association members. Careful consideration is given prior to awarding the Education Scholarship with special emphasis placed on an individual's commitment to the industry, general industry knowledge and overall character. The Education Scholarship includes a waiver of the following:

Scholarship is held by the individual and not the member company and is not transferable. Scholarship is valid only for the designation series being offered in the spring of 2019. ***If the scholarship recipient does not complete the designation by enrollment expiration date, payment must be made to reimburse The Apartment Association Outreach for the tuition within 60 days of the completion deadline.***

Scholarship applications must be received on or before **Thursday, January 3, 2019**. Applications may be mailed to AAO, 7265 Kenwood Road Suite 100, Cincinnati, OH 45236, emailed to emily@gcnkaa.org or faxed to 513.407.7868. The recipients of the two scholarships will be notified by Tuesday, January 22, 2019. All information submitted is strictly confidential and will be reviewed only by the scholarship judges.

Please complete the information below. Circle one to indicate scholarship applying for: **CAM** **CAMT**

NAME _____

PROPERTY NAME _____

WORK/PROPERTY ADDRESS _____ WORK TELEPHONE NUMBER _____

CELL PHONE _____ EMAIL ADDRESS _____

OWNER/MANAGEMENT CO. EMPLOYER _____ PHONE _____

REGIONAL/DISTRICT/PORTFOLIO MANAGER _____

EMAIL _____ PHONE NUMBER _____

APPLICANTS HOME ADDRESS _____

1. How long have you been employed in the multi-family housing industry? _____

2. Please list any degrees, designations, licenses or certifications you have. (High School, GED, etc.)

3. List any activities, if applicable, you have been involved with through GCNCAA

Please attach one (1) current professional letter of recommendation for the scholarship from your supervisor.

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. ***I acknowledge that if I do not complete the designation within the time specified, payment must be made to reimburse The Apartment Association Outreach for the tuition within 60 days of the Enrollment expiration date.***

Signature _____ Date _____

THE APARTMENT ASSOCIATION OUTREACH, INC. EDUCATION SCHOLARSHIP APPLICATION

Scholarship Recipient Authorization Form

The applicant has applied for an Education Scholarship through The Apartment Association Outreach, Inc. 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 attend classes selected by recipient.

Authorized Signature of Regional/District/Portfolio Manager _____

Supervisor's Title _____ Date _____

Applicant's Signature _____

Applicant's Title _____ Date _____

This form must be completed by the applicant and his/her supervisor as part of the scholarship packet.

Please refer to the Spring Designation Course Schedules for complete class information.

www.gcnkaa.org/education

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

Date returned _____	For office use only Authorized signature _____
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