



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:

Street

City State Zip

Phone Fax

Email

Business Address:

Street

City State Zip

Phone Fax

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