

SCHOLARSHIP APPLICATION

FOR OFFICE USE ONLY:

- ☐ Bette Fears, ARM®, Scholarship
- ☐ Donald M. Furbush, CPM®, Scholarship
- □ Diversity Scholarship
- ☐ Paul H. Rittle, Sr., Scholarship

FIRST MIDDLE	LAST
COMPANY	
ADDRESS	
CITY/STATE/ZIP	
☐ Check here if this should be your preferred mailing address. If this is a we will update accordingly if this box is checked.	a change from what currently appears on your official IREM® record,
IREM® ID (If known)	
CURRENT MEMBER STATUS (CHECK ALL THAT API	PLY)
□ CPM® CANDIDATE □ ARM® □ ACoM	☐ ASSOCIATE ☐ STUDENT ☐ ACADEMIC
□ EMPLOYEE OF AN AMO® FIRM (FIRM NAME):	
IREM® CHAPTER	
WHICH OF THE FOLLOWING IREM® CREDENTIAL(S) ARE YOU SEEKIN	IG TO EARN:
□ CPM® DESIGNATION □ ARM® CERTIFICATION	N ACoM CERTIFICATION
HAVE YOU RECEIVED AN IREM® FOUNDATION SCHOLARSHIP IN THE	E PAST?
THIS APPLICATION MUST INCLUDE:	er e
☐ A written statement of your intent to earn an IREM® credential (ARM®, and a commitment to real estate management as a career, and any acunderrepresented population group, provide a description.	
□ Current resume	
☐ Signature of your IREM® Chapter President. (To find contact information	n for IREM® Chapters, visit at <u>www.irem.org/about-irem/chapters</u>)
All of the information provided herein by me is complete and accurate to any statement with knowledge of its falsity, I understand that it shall be a IREM® membership.	
APPLICANT SIGNATURE	DATE
IREM® CHAPTER ENDORSEMENT	
By signing below, the chapter supports awarding of an IREM® Foundation	scholarship to the applicant listed above.
CHAPTER NAME	NAME OF CHAPTER PRESIDENT
SIGNATURE OF CHAPTER PRESIDENT	DATE
RETURN TO: IREM® Foundation	EMAIL: Foundation@irem.org

Attn: Scholarship Program

430 North Michigan Avenue, Chicago, IL 606011