**Washington Metropolitan Chapter Community Associations Institute (WMCCAI)**

7600 Leesburg Pike

Suite 100 West

Falls Church, VA 22043

703.750.3644 MAIN

703.941.1740 FAX

www.caidc.org

**2018 Scholarship Application**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | | | | | |
|  | | | | | | | | |
| **Address** | | | | | | | | |
|  | | | | | | | | |
| **City** | | | |  | **State** | |  | **ZIP Code** |
|  |  | | | | |  | | |
| **Name of Intended College/University Attending in the fall** | | | | | | | | |
|  | | | | | | | | |
| **Telephone** | |  | **E-mail** | | | | | |
|  | | | | | | | | |
| **School Currently Attending** | |  | **Expected Graduation Date** | | | | | |
|  | | | | | | | | |
| **current Grade Point average** | |  |  | | | | | |
|  | |  |  | | | | | |
| **Name School Guidance Counselor** | |  | **Counselor Contact Info (phone/e-mail)** | | | | | |
|  | | | | | | | | |
| **Name of Community Association in which I Live** | | | | | | | | |
|  | | | | | | | | |
| **Name of Community Association Board Officers/Manager:** | | | | | | | | |
|  | | | | | | | | |
| **President** | | | | | | | | |
|  | | | | | | | | |
| **Vice President** | | | | | | | | |
|  | | | | | | | | |
| **Secretary** | | | | | | | | |
|  | | | | | | | | |
| **Treasurer** | | | | | | | | |
|  | | | | | | | | |
| **Manager** | | | | | | | | |

I certify that all information provided herein is true and accurate; that I have personally drafted my essay or created my media presentation without assistance; and that WMCCAI has the authority to verify all statements provided from appropriate sources and confirm all sources referenced herein may release such information.

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**Signature** **Date**