IREM Institute of Real Estate Management

Hawaii Chapter No. 34

AARON M. CHANEY SCHOLARSHIP APPLICATION

1/28/2013

Please type or print clearly.

Name: Mr. Ms. ______________________________

LAST FIRST MIDDLE

IREM® ID NO.______________________ Local IREM® Chapter Affiliation______________________

Please choose the IREM® credential you wish to earn and for which you would like to receive a scholarship:

☐ CPM® designation — I am an IREM® Member and current with my annual national and chapter dues.

☐ ARM® certification — I have one year of qualifying residential real estate management experience, meeting the ARM® portfolio and function requirements as outlined on the ARM® application and at www.irem.arWARM.

☐ ACoM certification — I have one year of qualifying residential real estate management experience, meeting the ACoM portfolio and function requirements as outlined on the ACoM application and at www.irem.org/ARM.

Have you received Hawaii Chapter funding in the past? ☐ Yes ☐ No

Home Address

STREET

CITY STATE ZIP CODE

PHONE FAX

PREFERRED E-MAIL ADDRESS

Business Address

COMPANY NAME

STREET

CITY STATE ZIP CODE

PHONE FAX

All of the information provided by me is complete and correct to the best of my knowledge and belief. If I made or at any time make any statement with knowledge of its falsity, I understand that it shall be cause for denial of the Aaron M. Chaney Scholarship.
To assure your application is complete and can be processed, include:

☐ Scholarship application, including the signed employer affidavit

☐ Personal statement of need. The written statement should address your financial need, interest and commitment to real estate management as a career, and accomplishments that support the application.

☐ Current resume.

☐ Letter of support from an immediate supervisor.

SIGNATURE DATE

- -

Employer Affidavit
It is hereby attested that the employee is not reimbursed for any educational expenses, directly or indirectly, by the company or any entity, property or individual related to, managed by, or associated with the company. Attested to:

NAME TITLE

COMPANY

SIGNATURE DATE

·OR·

Self Employed Affidavit

I attest that as a self-employed person I do not use my company's funds to support my educational expenses relating to my position and continuing education. Furthermore, I am not reimbursed for any education expenses, directly or indirectly, by the company or any entity, property or individual related to, managed by or associated with the company. Attested to:

SIGNATURE DATE