



Rochester Western New York Chapter 58  
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## 2012 IREM CHAPTER 58 SCHOLARSHIP APPLICATION

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Position In Company \_\_\_\_\_  
 Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever applied for or received funds from the IREM Foundation  Yes  No  
 Title of Course for which Scholarship is Sought \_\_\_\_\_  
 Tuition Amount for Course \_\_\_\_\_

Please list the reasons you are applying for scholarship funds and how the course will benefit you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IREM Chapter 58 Scholarships are provided on the basis of both merit and need. Please describe your company's education reimbursement policy so that your financial need can be fully evaluated: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a CPM®  Candidate  ARM®  AcoM  or Work for an AMO Firm

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Employer Affidavit

It is hereby attested that the employee is 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:

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 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:

Signature \_\_\_\_\_ Date \_\_\_\_\_