



APPLICATION FORM FOR REALTOR® SCHOLARSHIP FUND

Eligibility: Our Scholarship Awards are available for any and all career choices. Applicants must be residents of the State of Michigan, graduating seniors from high schools within the jurisdiction of the REALTOR® Scholarship Fund, and attending a Michigan School of Higher Learning. Our minimum Scholarship Award is \$1,000.

Today's Date: _____ E-mail: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____ Telephone: _____

Father's/Guardian's Name: _____ Occupation: _____

Mother's/Guardian's Name: _____ Occupation: _____

Children in the family: # older than yourself _____ # younger than yourself _____

Name of High School: _____ Graduation Date: _____

Address: _____

School of Higher Learning you plan to attend: _____

Campus Location: _____

Course of Study: (major): _____ (minor) _____

Have you been accepted for admission: Yes _____ No _____ Conditional _____

If conditional, please list second choice: _____

1. Please list your extracurricular school activities (i.e., music, athletics, clubs, etc.)

<u>Activity</u>	<u>Dates and # of Hours</u>	<u>My Position</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____

Please Provide All Requested Information

2. Please state how you have served your community (including religious affiliations and other institutions.)
Be specific:

	<u>Activity</u>	<u>Dates and # of Hours</u>	<u>My Position</u>	<u>Project</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

3. Please list your work experience outside of school hours or during vacations/breaks, beginning with your most recent employment:

	<u>Start Date/End Date</u>	<u>Company</u>	<u>Duties</u>	<u>Hours Worked per Week</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

4. Please state why you are applying for financial support:

5. List scholarships applied for, received or pending:

<u>Scholarship</u>	<u>Amount</u>	<u>Pending</u>	or	<u>Received</u>
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

Please state your career goals below:

Please Use No More Than **One** Additional Sheet If Necessary For Explanation Or Clarification

** See your school guidance counselor for assistance **

** Applicants must include student transcript and ACT/SAT results **

Applicant's grade point average: _____

Class Standing: # _____ in class of _____ students

Please Print Counselor Name and Title

Date Signed

Counselor Signature

Telephone #

Fund Trustees Must Receive Application No Later Than: Monday, March 20, 2017
At the following address:

GMAR
ATTN: Sharon Cobleigh
20 Oak Hollow, Suite 100
Southfield, MI 48033
Fax: (248) 478-3150
e-mail: Sharon@GMARonline.com

Please Provide All Requested Information