



Triangle Apartment Association NALP Scholarship Application

The Triangle Apartment Association announces its Education Scholarship Fund to provide a qualifying candidate or candidates the opportunity to receive funds necessary in obtaining the National Apartment Association Education Institute (NAAEI) designation the National Apartment Leasing Professional (NALP). All applicants must hold a valid High School Diploma or equivalent and have at least six months experience as a leasing professional in the apartment industry.

Careful consideration is given prior to awarding a scholarship with special emphasis placed on an individual's commitment to the industry, general industry knowledge and overall character.

Scholarship applications must be received on or before **September 13, 2010**. All information submitted is strictly confidential. **If your management company offers a tuition reimbursement program, you are not eligible for the above scholarship.** The recipient will be notified by **September 24, 2010**.

Please complete the information below.

NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____ ALTERNATE PHONE: _____

EMPLOYER: _____ PHONE: _____

WORK ADDRESS: _____

PROPERTY NAME (IF APPLICABLE): _____

IMMEDIATE SUPERVISOR: _____

1. I am one of the following: Owner/Operator: _____ Associate Member: _____
(Community/Management Co.) (Vendor/Supplier)

2. Please list any degrees, designations, licenses, certifications or industry specific awards and achievements you may have.

3. Please state below your career goals.

4. One requirement to be considered as a recipient of the Education Scholarship fund is that you actively participate in one TAA committee or one community service project/fundraiser event with TAA. Please list the name of the committee(s) or project(s)/fundraiser(s) below:

5. Please list three apartment industry professional references and their contact information:

1. _____
2. _____
3. _____

6. On a separate sheet of paper, briefly explain in 250 words or more details explaining why your Employer/Management Company is unable to financially cover the cost of this course; what industry contributions will be attempted to be made after successful completion of this designation course, and why you should be considered as a NALP scholarship recipient. Please be specific. **This must be typed and attached to the completed application.**

7. Attach a professional letter of recommendation from your property/company supervisor.

SCHOLARSHIP AGREEMENT

I, _____, do hereby agree that all of the above information is true and correct to the best of my knowledge. Additionally, I do hereby acknowledge that should I become a scholarship recipient, I am fully responsible for attendance of all classes. I understand that should I default; the Triangle Apartment Association will require that I reimburse the Scholarship in the full amount of the award on or before the end of the course.

Signature _____ Date _____

The Triangle Apartment Association does not discriminate on the basis of age, race, national origin, sex, religion, color, disability or familial status.

**Return scholarship application by September 13, 2010 to: Triangle Apartment Association
3739 National Drive, Suite 200 * Raleigh, NC 27612 or fax: (919) 782 -1169**

Triangle Apartment Association

NALP Scholarship Application

Scholarship Applicant Authorization Form

The applicant below has applied for a NALP Scholarship through the Triangle Apartment Association. The authorization signature below serves as acknowledgement that the individual applying has completed and submitted all paper work necessary to be considered as a possible scholarship recipient. This also serves as authorization from the Applicant's supervisor/manager, that if the applicant is selected as a scholarship recipient, they shall be allowed the time necessary to fulfill all obligations for the duration of the classes and exams.

Authorized Signature of Immediate Supervisor _____

Supervisor's Title _____ Date _____

Applicant's Signature _____

Applicant's Title _____ Date _____

This form to be signed by applicant and his/her supervisor as part of the completed scholarship packet. Signatures guarantee if the applicant is chosen as a scholarship recipient.

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