



EDUCATION
FOUNDATION
OF THE CCIM INSTITUTE

2012 Scholarship Recipient Profile Form

Please Select Scholarship Type:

€ Start to the Pin

€ Push for the Pin

€ *University Scholarship: Graduate

Undergraduate (Circle One)

€ *Named Endowed Scholarship

Scholarship Honoree Name: _____

*If **university** or **named endowed scholarship**, indicate how/to whom check be made out:

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Date \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Scholarship Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter's Foundation/Scholarship Liaison: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

When/where will the award be presented?

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Please comment on your scholarship selection. List those contributing achievements or other related reasons that may have had an impact on your selection. Please include a copy of the student's application and resumé so we may have him/her on file at headquarters.

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Send - **via postal mail** - this form, a headshot of the recipient, and all backup documentation to:

Education Foundation of the CCIM Institute  
ATTN: Scholarships  
430 N. Michigan Ave. – Suite 801  
Chicago, IL 60611

Questions, call 877.CCIMEF1 (224.6331), 312.981.7801 or email [info@ccimef.org](mailto:info@ccimef.org).

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**For Office Use Only**

Form Rec'd \_\_\_\_\_

Entered in RE \_\_\_\_\_

Check Amount \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_

430 N. Michigan Ave. – Suite 801  
Toll Free: 877.224.6331 P: 312.981.7801  
F: 312.373.8245 E: [info@ccimef.org](mailto:info@ccimef.org)