



## Named Endowed Scholarship Required Document Checklist

SCHOLARSHIP INFORMATION	
Scholarship Name:	
Chapter:	
Contact Name:	
Email/Phone:	
Fully Endowed Date:	

CHECKLIST (FOR YOUR USE – PLEASE ENSURE ALL INFORMATION IS COMPLETE BEFORE SUBMISSION TO CCIM FOUNDATION)	
<input type="checkbox"/>	Counter-Signed Agreement
<input type="checkbox"/>	Scholarship Application/Criteria (application must contain <b>specific</b> information on each of the below)
<b>CRITERIA</b>	<input type="checkbox"/> <i>Who qualifies (ex. CCIM Candidate, university student studying real estate):</i>  <input type="checkbox"/> <i>Award amount</i>  <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other _____  <input type="checkbox"/> <i>To be used toward (ex. CCIM core course, Ward Center Courses, J. W. Levine Leadership Development Academy, local university – if this option, please indicate name of university)</i>
<b>PROCESS</b>	<input type="checkbox"/> <i>Awarding body (ex. Scholarship committee, Chapter Board of Directors)</i>  <input type="checkbox"/> <i>Deadline for applications</i>  <input type="checkbox"/> <i>Annual Presentation (date/place)</i>
<input type="checkbox"/>	Bio of Honoree (if an individual)
<input type="checkbox"/>	Photo of Honoree (if an individual)