

APPLICANT INFORMATION

Please provide the required information and documentation. Applications without the proper documentation included will not be considered. Scholarship rebates will be awarded to the individual manager or management company that has paid the tuition for the original class, course, or testing fees included in this application.

NAME OF APPLICANT

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

EMPLOYER

EMPLOYER MAILING ADDRESS

CITY

STATE

ZIP

CLASS/COURSE INFORMATION

COURSE/CLASS NAME

DATE OF COMPLETION

CHAPTER PARTICIPATION

Applicants must have also participated in one of the following activities to qualify for a rebate:

Education Program Attendance (must be 2 programs)

PROGRAM NAME AND DATE ATTENDED

PROGRAM NAME AND DATE ATTENDED

Committee Member

COMMITTEE NAME AND DATES SERVED

Authored Published Article

ARTICLE NAME AND ISSUE PUBLISHED

REQUIRED DOCUMENTATION

Proof of registration fee payment

Copy of passing grade or certificate of completion from CAI National

Certification of management company representative

My name is (please print)

and I certify that the attached payment information is correct as submitted by the applicant.

SIGNATURE

TITLE

DATE
