



East Metro Board of REALTORS® In-House Scholarship Application

NAME _____

PHONE NUMBER _____ EMAIL ADDRESS _____

HIGH SCHOOL: _____

COLLEGES / TECHINCAL SCHOOLS TO WHICH YOU HAVE BEEN ACCEPTED: _____

NAME OF EMBOR MEMBER: _____ Please check one: () Realtor® () Affiliate () Staff

APPLICANTS RELATIONSHIP TO EAST METRO BOARD OF REALTORS® MEMBER: _____

FAMILY INCOME:

Annual Family Income: \$0-\$25,000 ___ \$25,001-\$50,000 ___ \$50,001-\$75,000 ___ \$75,001-\$100,000 ___ \$100,000+ ___

Number of people living in household _____

GRADUATION VERIFICATION:

High School Counselor Signature Required:

I verify by my signature below that _____ is a student at _____
Name of applicant Name of School

High School and is on track to graduate on _____

Date of Graduation

Honors Night Information: Date/Time: _____ Location: _____

Will we be allowed to have a representative present to present the scholarship? Yes or No

COUNSELOR NAME: _____ PHONE: _____

PLEASE PRINT

COUNSELOR SIGNATURE: _____ DATE: _____

INSTRUCTIONS / QUALIFICATIONS

- Please print off the Scholarship Criteria Information Sheet
- **Failure to include all required material will result in your application being disqualified**
- *ALL APPLICATIONS MUST BE RECEIVED BY EAST METRO BOARD BY THE 1st FRIDAY IN APRIL. IF MAILED THEY MUST BE DELIVERED BY THE 1st FRIDAY IN APRIL.*

ALL APPLICANTS MUST BE A RELATED TO A MEMBER OF THE EAST METRO BOARD OF REALTORS® (Realtor®, Affiliate or Staff) AND RELATIONSHIP MUST BE NOTED ABOVE.

APPLICANTS SIGNATURE: _____ DATE: _____