

## WASHINGTON METROPOLITAN CHAPTER COMMUNITY ASSOCIATIONS INSTITUTE (WMCCAI) 2018 SCHOLARSHIP APPLICATION

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
NAME OF INTENDED COLLEGE/UNIVERSITY ATTEN	NDING IN THE FALL	
TELEPHONE	E-MAIL	
SCHOOL CURRENTLY ATTENDING	EXPECTED GRADUATION DATE	
CURRENT GRADE POINT AVERAGE		
NAME SCHOOL GUIDANCE COUNSELOR	COUNSELOR CONTACT INFO (PHONE/E-MAIL)	
NAME OF COMMUNITY ASSOCIATION IN WHICH I L	IVE	
NAME OF COMMUNITY ASSOCIATION BOARD OFF	ICERS/MANAGER:	
PRESIDENT		
VICE PRESIDENT		
SECRETARY		
TREASURER		
MANAGER		
I certify that all information provided herein is trumy essay or created my media presentation wit authority to verify all statements provided from a referenced herein may release such information	hout assistance; and that appropriate sources and c	WMCCAI has the
SIGNATURE	DATE	

7600 Leesburg Pike Suite 100 West Falls Church, VA 22043