



**WASHINGTON METROPOLITAN CHAPTER COMMUNITY ASSOCIATIONS INSTITUTE (WMCCAI)
2019 SCHOLARSHIP APPLICATION**

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
NAME OF INTENDED COLLEGE/UNIVERSITY ATTENDING 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 LIVE		
NAME OF COMMUNITY ASSOCIATION BOARD OFFICERS/MANAGER:		
PRESIDENT		
VICE PRESIDENT		
SECRETARY		
TREASURER		
MANAGER		

I certify that all information provided herein is true and accurate; that I have personally drafted my essay or created my media presentation without assistance; and that WMCCAI has the authority to verify all statements provided from appropriate sources and confirm all sources referenced herein may release such information.

SIGNATURE _____
DATE

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Falls Church, VA 22043

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