



**WASHINGTON METROPOLITAN CHAPTER COMMUNITY ASSOCIATIONS INSTITUTE (WMCCAI)  
2023 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**

\_\_\_\_\_  
**NAME OF SCHOOL GUIDANCE COUNSELOR**

\_\_\_\_\_  
**COUNSELOR CONTACT INFO (PHONE/E-MAIL)**

\_\_\_\_\_  
**NAME OF COMMUNITY ASSOCIATION IN WHICH I LIVE (IF APPLICABLE)**

\_\_\_\_\_  
**HOW DID YOU HEAR ABOUT THE SCHOLARSHIP CONTEST?**

\_\_\_\_\_  
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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