



ACT Education Scholarship Application

The Apartment Council of Topeka announces its Education Scholarship Fund to provide a qualifying candidate or candidates the opportunity to receive funds necessary in obtaining a National Apartment Association Education Institute (NAAEI) designation such as CAM, CAMT, CAPS or CAS. All applicants must hold a valid High School Diploma or equivalent and meet the following minimum multifamily housing employment requirement.

CAM- (Certified Apartment Manager) one year serving as a property manager/assistant manager in the apartment industry.

CAMT- (Certified Apartment Maintenance Technician) one year serving as a maintenance /service technician in the apartment industry.

CAPS- (Certified Apartment Property Supervisor) must have worked is a multi-site supervisor for 24 months or be a CAM, ARM designate in good standing with 24 months of management experience.

NALP- (National Apartment Leasing Professional) must have worked in the apartment industry for at least one year.

CAS- (Certified Apartment Supplier) must have worked as a supplier/vendor to the apartment industry for minimum of 24 months and be employed by a company this is an ACT member in good standing.

Careful consideration is given prior to awarding a scholarship with special emphasis placed on an individual's commitment to the industry, general industry knowledge, ethics, and overall character. The employee's company must be in good standing and a member of ACT in the year for which you are applying.

ACT will be providing scholarships for two (2) individuals each year to attend one (1) of the following:

CAM - \$650 towards designation

CAPS- \$600 towards designation

NALP- \$350 towards designation

CAMT-\$600 towards designation

CAS- \$300 towards designation

If your company offers a tuition reimbursement program, you are not eligible for any of the above scholarships and should contact your employer regarding their program. If you are not eligible for your company's tuition program, you may submit an application.

Please complete the information below:

NAME: _____

HOME ADDRESS: _____

PHONE #: _____ EMAIL: _____

EMPLOYER: _____

PHONE#: _____ EMAIL: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____

PHONE #: _____ EMAIL: _____

LENGTH IN INDUSTRY: _____

LENGTH IN CURRENT POSITION: _____

I AM APPLYING FOR A SCHOLARSHIP TO COMPLETE:
CAM _____ CAPS _____ NALP _____ CAMT _____ CAS _____

Please list any degrees, designations, licenses, certifications or industry specific awards/achievements you may have: _____

Please state your career goals: _____

A requirement to be considered as a recipient of the Education Scholarship is that you actively participated in ACT community service project/fundraisers or on an ACT committee within the past 12 months. Please list the name of committees or projects that you were involved in: _____

Please list three apartment industry professional references and their contact information:

Name: _____ Phone #: _____
Business: _____ Email: _____
Number of years known: _____

Name: _____ Phone #: _____
Business: _____ Email: _____
Number of years known: _____

Name: _____ Phone #: _____
Business: _____ Email: _____
Number of years known: _____

On a separate sheet of paper, briefly explain in 75 words or less why your Employer/Management company is unable to financially cover the cost of the course; what industry contributions will be attempted to be made after successful completion of the designation course; and why you should be considered for a CAM, NALP, CAPS, or CAMT scholarship. This must be typed and attached to the completed application.

Attach a professional letter of recommendation from your property/company supervisor.

ACT SCHOLARSHIP AGREEMENT:

I, _____, do hereby agree that all of the above information is true and correct to the best of my knowledge. Additionally, I do hereby acknowledge that should I become a scholarship recipient, I am fully responsible for attendance of all classes and completion of said course. I understand that should I default, the Apartment Council of Topeka may require that I reimburse the Scholarship in the full amount of the award on or before the end of the course.

Signature: _____ Date: _____

The Apartment Council of Topeka does not discriminate on the basis of age, race, national origin, sex, religion, color, disability, or familial status.

Please return the Scholarship application and attachments to: Apartment Council of Topeka, PO Box 3845, Topeka, KS 66604 or apartmentcounciltopeka@gmail.com
If you have any questions please email us at apartmentcounciltopeka@gmail.com

*Check www.naahq.org for additional information about the courses and possible NAA sponsored scholarships.

