

Champaign County Association of REALTORS® SCHOLARSHIP CRITERIA

This scholarship shall be used by the recipient for any real estate related education for designations EXCEPT continuing education requirements for license renewal.

To be eligible for a CCAR Scholarship, an individual must:

Be an active REALTOR® member of CCAR for at least one year and have served on at least one Committee/Involvement Group.
 Not have received the benefit of this scholarship within the last 12 months. Any actively awarded scholarship not used within 12 months will be forfeited.
 Be a permanent resident of Illinois within Champaign County and surrounding areas.

The Application Process

Applicants should submit their application with all supporting materials via email to shellyf@illinihomes.com or by U.S. Mail to CCAR, 305 Burwash Ave., Savoy, IL 61874.

Have completed a real estate related educational event within the past 12 months.

Please return one letter of recommendation from someone outside your office, and a cover letter explaining your personal goals for your real estate career to your completed application.

Scholarships are reviewed and recommended by the Professional Development Involvement Group of CCAR and approved by the Board of Directors. Applications are reviewed for approval as they are received, and the length of the determination process may vary.



CCAR SCHOLARSHIP APPLICATION FORM

The Professional Development Involvement Group will be relying on the information you provide here, so please be specific.

Full Name of Applicant:					
First	MI_	Last			
Home Address:(Street Add					
Home Phone	lress)	(City) Cell Phone			(Zip)
Email		_			
Do you currently hold a real esta	ate License	? Yes, License	#	[No
Are you an active member of Co	CAR Y	es No			
REALTOR® Association Activate at Association activities, etc. Serequired)	ervice on at	least one committe	ee/Involven	nent Grou	up is
Date you first entered the real es	state busines	SS:			
Are you presently employed or	engaged in	any other business	? If so, wh	ere? Pos	ition?
Education: High School, Colleg	_				(Include year
Business and Personal Accomple (Include year.)		_	_	ales achie	evement, etc.



Community Service: Volunteer activities with civic g	groups, church, etc. (Include years.)
Have you previously received a scholarship from CC	AR? If yes, when? No
Program of study/designation: (Please attach a copy of your certificate and/or proof of completion or reimbursement check will be issued upon completion of the program	of course work with proof of payment. A
Dates of Course(s):	
Location of Course(s):	
Total cost of the program: \$	
Have you applied for or received other financial assist If so, please state where you have applied and/or received.	
By signing below, I certify all information given above knowledge and understand my application could be debeen falsified or is missing. I further authorize CCAF purposes of determining a scholarship award.	enied immediately if any information has
Applicant's Signature	Date:

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