

# CCAR Minority Real Estate Scholarship Program

## The Program

**To be eligible for an award from the CCAR Minority Real Estate Scholarship Program, an individual must:**

- Be a member of a “minority” class. “Minority is defined as a person of race or national origin that is African American, Hispanic/Latino, Native American, Alaska Native, Asian, Native Hawaiian, or Other Pacific Islander. Minority shall also include persons of any other race or nationality that the CCAR board determines, whether by administrative rule or statute, to be a protected minority in the context of affirmative action as outlined in Article II of the Illinois Human Rights Act;
- Be currently enrolled or intend to enroll in a state-approved Real Estate Pre-License Education Course.
- Not have received the benefit of a CCAR minority scholarship within the last 24 months; and
- Be a permanent resident of Illinois within Champaign County and surrounding areas.

An award may be used toward the payment of tuition, fees, and books, but may not be applied to such incidental expenses as travel and lodging.

The maximum possible award is \$750.00. An individual who receives a CCAR Minority Scholarship will be eligible to apply for additional financial aid through CCAR two years after receiving assistance through this program. Scholarship funds may be drawn only once and cannot exceed the maximum award of \$750.00. Scholarship funds must be used within 12 months of the award date. Any unused funds shall be returned to the CCAR minority scholarship program for use by other applicants. CCAR minority scholarship funds cannot be used for reimbursement of previously completed courses.

## To Apply

To obtain an application packet, visit [champaigncountyassociationofrealtors.com](http://champaigncountyassociationofrealtors.com) (ccar.info), or contact the local office. The completed application may be returned by mail to CCAR, 305 W. Burwash Ave, Savoy, IL 61874 or emailed to [ccardocs@gmail.com](mailto:ccardocs@gmail.com).

## The Application Process

This application packet includes the Application Form, Employment History Form, and two Applicant Recommendation Forms. An application will be considered complete only if it includes the Application Form, the Employment History Form, two(2) Recommendation forms, and an essay (one page or less in length) describing the applicant’s career goals and why he/she should be awarded financial assistance through the CCAR Minority Scholarship Program. Incomplete applications will not be considered, and applicants will be given one opportunity to resubmit a completed application.

Applicants should submit their completed application with all supporting materials to the below-specified address. Scholarship awards are reviewed and recommended by the Professional Development Involvement Group of CCAR and approved by the Board of Directors. Scholarships are reviewed for approval as they are received, and the length of the determination process may vary.

Scholarships are valid for 12 months. During this period awardees are required to register, take, and successfully complete their course of study. After successful completion awardees should send a copy of their award letter, proof of completion, and all receipts to the below-specified address for reimbursement.

This scholarship cannot be used for reimbursement of previously attended courses. No funds will be advanced to the student.

Scholarship funds must be used within 12 months of the award date, may only be drawn once, and cannot exceed the maximum award of \$750.00. Any remaining funds will be returned to the CCAR Minority Scholarship Program, for use by other applicants.

### **Application Form**

The completed form provides CCAR Minority Scholarship Program with pertinent information regarding the applicant's career plans, school background, educational goals, as well as the school and course of study the applicant wishes to attend.

### **Employment History Form**

The completed form provides information regarding the applicant's work history, including positions held and reasons for leaving jobs. The applicant may wish to provide supplementary materials if the form does not allow for a thorough presentation of the information regarding one or more former jobs.

### **Applicant Recommendation Forms**

Recommendations provide information on the applicant's character and abilities. The forms should be given to at least two individuals who know the applicant well and can be counted on to complete the forms and submit them to CCAR in a timely manner. The applicant may wish to provide those submitting recommendations with stamped, pre-addressed envelopes. Recommendation Forms must be returned with the completed Application.

Those submitting recommendations should be individuals who know the applicant through school, work, or community service activities. Everyone submitting a recommendation must certify that he or she is a relative of the applicant, not an employee of someone related to the applicant, and not affiliated with the school the applicant is planning to attend.

### **Eligibility**

The CCAR Minority Scholarship Program is open to only qualified racial minority residents of Illinois pursuing courses of study that will prepare them for careers relating to real estate. African American, Hispanic/Latino, Native American, Alaska Native, Asian, Native Hawaiian, or Other Pacific Islander residents of Illinois are qualified candidates for the CCAR Minority Scholarship Program. Minority shall also include persons of any other race or nationality that the Illinois Human Rights Commission determines, either by administrative rule or statute, to be a protected minority in the context of affirmative action as outlined in Article II of the Illinois Human Rights Act. Applicants must be at least 18 years of age, be of good moral character, and possess a high school diploma or its equivalent in accordance with the Illinois Real Estate License Act of 2000, as amended in 2020.

### **Submission**

By mail: CCAR, 305 W. Burwash Ave, Savoy, Illinois 61874 or by email: [ccardocs@gmail.com](mailto:ccardocs@gmail.com)

## Application

\* Indicates a required response.

### Full Name of Applicant\*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

### Applicant's Minority Affiliation\*

- African American     Hispanic/Latino     Native American     Asian     Alaska Native
- Native Hawaiian or Other Pacific Islander     Other

### Home Address\*

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email\* \_\_\_\_\_ Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone Number\* \_\_\_\_\_ Home Phone \_\_\_\_\_

### Proposed Program of Study\*

- Course work to meet Illinois broker license requirement.
- Course work to meet Managing broker license requirement.

Name of School\* \_\_\_\_\_

### Address of School\*

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number of School\* \_\_\_\_\_

Education History (Include high school and education beyond high school). Please attach official Transcripts.\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the cost of the program you wish to attend or are currently attending?\* \_\_\_\_\_

If you are currently enrolled, what is the anticipated class completion date? \_\_\_\_\_

How much funding are you asking for through this application?\* \_\_\_\_\_

Will you receive funding from any other private or government scholarship program?

---

Yes

No

If "yes", please list program and amount. \* \_\_\_\_\_

Have you received money in the past from the Illinois Minority Scholarship Program?

Yes

No

If "yes", please list date and amount.

\* \_\_\_\_\_

Please be sure to attach your Employment History Form, at least two (2) Recommendations, School Transcripts, and your essay.

By signing below, I certify all information given above is true and correct to the best of my knowledge, and understand my application could be denied immediately if any information has been falsified or is missing. I further authorize the CCAR to verify all information given for the purpose of determining a scholarship award.

Signature of Applicant\* \_\_\_\_\_ Date of Application\* \_\_\_\_\_

*Please type or print neatly.*

Please list below the requested information on employers for whom you have worked. You need not include part-time or summer jobs, though you are encouraged to include short-term or part-time jobs if you do not have considerable full-time work experience or if short-term or part-time jobs form an important component of your work history. You may photocopy this page if you wish to list more than four employers, and you may include additional information if the format provided below does not allow for an adequate presentation of your job experience.

**Current Employer (leave this section blank if you are not currently employed):**

Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

**Most Recent Former Employer:**

Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

**Other Former Employer:**

Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

**Other Former Employer:**

Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature above affirms that all information provided on this form is true as of the date specified. Thank you for your interest in the Champaign County Association of REALTORS® Real Estate Scholarship Program

**CHAMPAIGN COUNTY ASSOCIATION OF REALTORS® MINORITY REAL ESTATE SCHOLARSHIP PROGRAM**



**APPLICANT RECOMMENDATION FORM** (please type or print neatly)

Scholarship Applicant's Full Name: \_\_\_\_\_

School the Applicant Wishes to Attend: \_\_\_\_\_

Name of person completing this Recommendation Form: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Thank you for assisting the Champaign County Association of REALTORS® Minority Real Estate Scholarship Program. After you have answered the following questions by checking the appropriate boxes, please sign and date at the bottom. Please return completed forms by email to [ccardocs@gmail.com](mailto:ccardocs@gmail.com) or by mail to Champaign County Association of REALTORS®, 305 W. Burwash Ave., Savoy IL 61874.

- 1) I believe that I know the applicant well enough to evaluate him or her.  
 STRONGLY AGREE       AGREE       DISAGREE       STRONGLY DISAGREE
- 2) I believe that the applicant is an individual of good character.  
 STRONGLY AGREE       AGREE       DISAGREE       STRONGLY DISAGREE
- 3) I believe the applicant possesses the skill/dedication needed to complete the course of study for which he or she has requested an Illinois Minority Real Estate Scholarship.  
 STRONGLY AGREE       AGREE       DISAGREE       STRONGLY DISAGREE
- 4) I believe the applicant can serve as an excellent role model for minority professionals.  
 STRONGLY AGREE       AGREE       DISAGREE       STRONGLY DISAGREE
- 5) I know no reason why the applicant should not receive scholarship assistance.  
 STRONGLY AGREE       AGREE       DISAGREE       STRONGLY DISAGREE
- 6) I know no reason why the applicant should not be employed in the real estate field.  
 STRONGLY AGREE       AGREE       DISAGREE       STRONGLY DISAGREE
- 7) I recommend that this individual be awarded an Illinois Minority Real Estate Scholarship.  
 STRONGLY AGREE       AGREE       DISAGREE       STRONGLY DISAGREE

PLEASE ADD ANY ADDITIONAL COMMENTS OR REMARKS \_\_\_\_\_

-----  
-----  
If the above questions do not adequately address issues you would like to present to the Illinois Minority Program, you are welcome to include additional information on the back of this page or a separate sheet of paper.

**In signing below, I affirm that all the information provided in this form (or otherwise in the CCAR Minority Scholarship Program application process) is, to the best of my knowledge, correct as of the date specified and that I am not related to the applicant, that neither the applicant nor I am a close relative of anyone with a supervisory authority or employment with the school named above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_