



**WASHINGTON METROPOLITAN CHAPTER COMMUNITY ASSOCIATIONS INSTITUTE (WMCCAI)
2018 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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