

West Georgia Board OF REALTORS®
SCHOLARSHIP APPLICATION, 8486 Bowden Street,
Douglasville, Georgia 30134
Phone: 770-949-9966 Fax: 770-949-1903

NAME AS IT APPEARS ON LICENSE: _____

First Middle Last Nickname

LICENSEE () BOARD/TRADE ASSOCIATION EMPLOYEE ()

IF LICENSED, LICENSE NUMBER: _____ ACTIVE _____ INACTIVE _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ COMPANY PHONE: () _____

COUNTY WHERE COMPANY IS LOCATED: _____ NAME OF BOARD: _____

GAR REGION NUMBER (IF KNOWN) WHERE COMPANY IS LOCATED _____

AT THE TIME OF THIS APPLICATION; DO YOU RESIDE IN A COUNTY DESIGNATED AS A DISASTER AREA BY APPROPRIATE STATE OR FEDERAL AUTHORITIES? _____

DATE DISASTER OCCURRED: _____ (MUST BE WITHIN ONE YEAR OF APPLICATION)

HAVE YOU SUFFERED A FINANCIAL LOSS AS A RESULT OF THIS DISASTER? _____

IF YES, PLEASE EXPLAIN. (ATTACH ADDITIONAL SHEETS) HAVE YOU EVER BEEN THE RECIPIENT OF A GAR SCHOLARSHIP? IF YES, WHAT YEAR? _____ COMPLETED PROGRAM/COURSE FOR WHICH SCHOLARSHIP WILL BE USED:

DATE(S) OFFERED: _____

AMOUNT OF TUITION PAID: \$ _____ Must have paid for the course in full to be eligible for a scholarship.

I, the undersigned applicant, do hereby affirm that the information contained in this application is truthful, accurate and complete. I further state that I am not WGBOR staff, or an immediate family member of same. In the event that it is determined that any information in this application is false, inaccurate or incomplete, the West Georgia Board of REALTORS® Scholarship Fund reserves the right to terminate consideration of my application for a scholarship or to revoke any scholarship that may have been awarded to me. I have read and understand the General Information.

You must include all of the information requested in order to be eligible for a Scholarship:

Application Form: Proof of Course Completion: Proof of Payment:

Signature _____ Date _____