

CONTRA COSTA ASSOCIATION OF REALTORS®

2008 SCHOLARSHIP APPLICATION

NAME	(First)	(Middle)	(Last)	
HOME ADDRESS	(Street)	(City, State)	(Zip)	HOME PHONE # ()
CAMPUS ADDRESS NOW				CELL PHONE # ()
CAMPUS ADDRESS NEXT FALL				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS (REQUIRED)	UNITED STATES CITIZEN? YES NO			BIRTH DATE

HOW DID YOU FIRST LEARN OF THE CCAR SCHOLARSHIP PROGRAM?

EDUCATION

	NAME AND COMPLETE ADDRESS OF SCHOOL	DATES ATTENDED FROM TO MONTH MONTH & YEAR & YEAR	MAJOR OR DEGREE	YEAR YOU WILL OR DID GRADUATE	GRADE POINT AVERAGE
CURRENTLY ENROLLED COLLEGE					
PREVIOUS COLLEGE					
HIGH SCHOOL					

HOW ARE YOUR TUITION AND LIVING EXPENSES CURRENTLY PAID ?

_____ % FAMILY _____ % PART TIME WORK _____ % SCHOLARSHIP (if so, give name below) _____ % OTHER

If other, please explain: _____

HONORS, AWARDS OR SPECIAL ACHIEVEMENTS

REAL ESTATE, FINANCE OR BUSINESS COURSES YOU HAVE COMPLETED INCLUDING CLASS GRADES

REAL ESTATE, FINANCE OR BUSINESS COURSES IN WHICH YOU ARE CURRENTLY ENROLLED

EXTRACURRICULAR ACTIVITIES – HIGH SCHOOL AND COLLEGE

HONORARY AND PROFESSIONAL SOCIETIES:

CLUB MEMBERSHIPS:

OFFICES HELD:

SPORTS:

FRATERNITY, SORORITY OR OTHER ORGANIZATIONS:

WHAT ARE YOUR IMMEDIATE PLANS AFTER GRADUATION?

MOST RECENT OR CURRENT EMPLOYMENT

EMPLOYER	ADDRESS	FROM	TO	SALARY \$
REASON FOR LEAVING	JOB TITLE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hours Per Week
SPECIFIC DUTIES:		SUPERVISOR'S NAME		

ONE REFERENCE REQUIRED

(Reference to be a FACULTY MEMBER of your college - phone # & email address required!)

NAME	FACULTY TITLE
ADDRESS	PHONE: () EMAIL:

REQUIRED WITH THIS COMPLETED APPLICATION!!!

1. Your most recent college **grade** transcript
2. Letter of recommendation from one of your recent teachers on school letterhead stationery.
3. Approx. 300 word essay stating your reasons for pursuing a career in real estate, finance or business

**DEADLINE FOR RECEIPT
OF THIS APPLICATION:**

April 25, 2008

APPLICANT SIGNATURE

DATE

SEND APPLICATION TO:
Barry Christensen
CCAR Scholarship Foundation
P.O. Box 2715
Walnut Creek, CA 94595-0715

EMAIL: ccarsf@hotmail.com
PHONE: (925) 323-3577
FAX: (925) 254-4997