



## Scholarship Fund Reimbursement Request

Member Name:

Mailing Address:

City/Zip

Phone Number:

Email:

Course name:

Course Date:

Course Amount:

I hereby verify that I have not applied or have not received any other scholarships/ educational reimbursement for these classes.

Signature Field \_\_\_\_\_ Date/Time Field \_\_\_\_\_

Board of Director Use:

Receipt Received \_\_\_\_\_

Verified By: \_\_\_\_\_

Member Join Date: \_\_\_\_\_



## **Member Scholarship Program Qualifications**

1. Current National members in good standing may apply for reimbursement for NAR recognized designation course including PMN, GRI, CIPS, CRS and others.
2. Reimbursement shall be determined by the Board of Directors, funds permitting in the Scholarship budget, and with submission of all required documentation within 30 days of taking the course.
3. Required documentation includes a completed Network Scholarship reimbursement request form, an invoice showing payment for the course and a pass slip or Certificate of Completion for the course.
4. Network shall reimburse approved reimbursement requests within 30 days of all required documents being turned in and there are available funds.
5. Scholarship funds are not for reimbursement of Certification courses, licensing courses, or other CE courses unless it is a NAR approved designation course.
6. Scholarship reimbursement will be a maximum of \$250.00 per member per calendar year.
7. The Chairperson of the Scholarship Committee must first approve the reimbursement, confirming the member has met the requirements of the scholarship prior.