



**ELLIE JACOBS SCHOLARSHIP FUND  
APPLICATION FOR EDUCATIONAL REIMBURSEMENT**

**PLEASE PRINT**

**REALTOR® (OR NATIONAL AFFILIATE) NAME:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

Have you been a member of our local network for at least 3 months? Yes / No

Have you been an active participant of our network? Yes / No

Is this expense(s) otherwise non-reimbursed? Yes / No

Is this expense(s) for a real estate-related training, conference, or leadership course taken after joining our local network? Yes / No

Is your receipt(s) attached? Yes / No

Total amount requested for reimbursement (not to exceed \$100) \_\_\_\_\_

**Please submit this application to the President of our local network no later than December 1st for reimbursement in the current calendar year.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For WCR Use:

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Processed Date \_\_\_\_\_