



Orlando Regional Chapter
 P.O. Box 533821
 Orlando, FL 32853-3821
www.orlandowcr.com

Continuing Education Scholarship Application

Please complete, and email to: scholarships@orlandowcr.com

Date: _____

Your Name: _____

Title: _____

Real Estate Company: _____

Professional Designation(s): _____

Phone Number: _____

Email: _____

Educational Opportunity Information

Date: _____

Location: _____

Course/Event Name: _____

No. of CE Credits: _____

NAR / FR / ORRA / WCR

Amount of Course/Event: \$ _____

Amount requested*: \$ _____

*Please note: If Course(s) and/or or Event(s) require you to travel we shall consider awarding all, a portion or none of those costs.

Questions

1. How long have you been a chapter member? _____

2. On what WCR Committees have you served? _____

3. How many luncheons have you attended in the last six months? _____

4. Why are you interested in this Educational Opportunity? _____

5. If partial scholarship awarded could you supplement the balance? _____

6. If awarded a scholarship would you be willing to write and/or speak your testimonial at a WCR Orlando Monthly Business Resource Meeting? _____