



**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 _____