



Karen Franz Scholarship Fund Application for Scholarship

Arizona State Chapter

Member Name: _____
 Home Address: _____

 Home Phone: _____
 Fax Number: _____
 Local Chapter: _____

Company: _____
 Company Address: _____

 Business Phone: _____
 Email Address: _____
 How Long? _____

LOCAL CHAPTER

STATE CHAPTER

Member of which Committees: _____
 Officer (position & year) _____

Does your Local Chapter Offer Scholarships? Yes No

If so, have you applied for this same class through your Local Chapter? Yes No

What REALTOR designations do you currently hold (if any)? _____

What REALTOR designations are you currently working on? _____

Do you regularly attend State WCR Meetings? _____
 If so, What Year & Where? _____

Do you attend the National WCR Meetings? _____
 If so, What Year & Where? _____

Please describe the event, activity or purpose for the scholarship you are requesting: _____

I, _____, verify that the member requesting this scholarship is a National WCR Member.

 Local Chapter President or Vice Pres/Membership

 Date