



Scholarship Program

for Community Association Managers

Need financial assistance as an individual manager?
Submit an application for reimbursement today!

Scholarship Program Reimbursement Form

Managers Name: _____

Management Company: _____

Mailing Address (to mail check): _____

Email: _____ Phone: _____

Does your management company reimburse? (Check One) Yes No
If so, how much do they reimburse? _____

Reimbursement Information*

Course Name: _____ Course Date(s): _____

**Only CAM U's "Foundations" and CMCA Study Group are eligible for reimbursement of up to 50% of course registration fees.*

____ I have attached a receipt or proof of payment for CAM University. *Confirmation of the tuition fees paid by the manager are required to be reimbursed under this scholarship program.*

____ By checking here, I attest, under penalty of perjury, that the information provided above is accurate and true, and I have not been reimbursed by my management company or any other entities, for this CAM University program.

(Manager's Signature)

PLEASE SUBMIT THIS FORM TO RAMONA@TINNELLYLAW.COM