

Real Estate Education Endowment

Scholarship Application

Yes

No

Application Filing Period: September 2, 2024 — April 30, 2025 (For Scholarship Office Use Only)

New Applica	nt Renewal App	blicant		
1. Name	First		Middle Initial	
2. Student ID Number	Student E			
3. Home Address Street Address (Include unit number	r if applicable)	City	State	Zip
4. Telephone Number				
5. Estimated number of real estate units to	be enrolled/c	ompleted		
Summer 2024	Fall 2024	Spring 2025		
6. College to be attended during 2024-25 a	academic year			
7. Major	8. Concentra	tion (If applicable)		
9. Educational Objective AA/AS Real Estate	Certificate			
10. Estimated Completion Date for above				
		Month/Year		
 Do you anticipate transferring to a *California educational objective above? 	fornia State U No	niversity upon comp	letion of t	he
If yes, give name of the four year college (if known	n)			
12. Have you completed at least one three- (2.0) average or higher? Yes No				
13. Have you ever had a denied, suspended license (including real estate) in Californ			professio	nal

STUDENT CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I hereby give the community college permission to release this information to any agency necessary for the processing or funding of my aid application.

*In completing this application, if I have indicated an intention to transfer to any California State University (CSU)

campus at a future date, I give permission to the California Community Colleges Chancellor's Office to release my name and address to the CSU system so that I may receive information on the CSU Real Estate Scholarship Program.

Student Signature

Date

Parent Signature (Dependent Students Only)

Date

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

After completion, submit application and supporting documentation to your scholarship office for processing.

PLEASE REMEMBER TO SHARE YOUR STORY WITH US!

SUBMISSION INFORMATION

Completed applications should be submitted to:

Mt. SAC Scholarship Program Office

Financial Aid Department, Bldg. 9B - Counter #5 1100 North Grand Ave. Walnut, CA 91710

Completed applications can also be emailed to: scholarships@mtsac.edu

Questions? 909-274-4457