



Professional Growth Reimbursement Grant Program

Application for Reimbursement

Applicant Information

Applicant's Full Name	Member ID
Email	Phone
Mailing Address	
Real Estate Company/Brokerage	
Broker's Name	Broker's Email

Credential Information

Designation/Certification Pursued		
Course Provider		
Completed Course Name(s)	Completion Date(s)	Tuition Fee Paid
		\$
		\$
		\$

Total Tuition Paid:

\$

Amount Requested for Reimbursement (Maximum \$350):

\$

Additional Questions (optional)

How did you learn about this reimbursement program?
Are you working toward earning your first Designation or Certification?
How else could SPAAR support your professional development and business growth?

Required Documentation

Please include the following with your application:

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Proof of Payment

Receipt should show: (1) Applicant's name (2) Course name (3) Tuition amount paid

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Proof of Completion ○ Course completion certificate **-OR-** ○ Minnesota CE transcript (if applicable)

Applicant Certification

By signing this application, I certify that and acknowledge that:

- ✓ The information provided in this request is true and complete to the best of my knowledge.
- ✓ I understand reimbursement is subject to program eligibility, available funding, and approval by the SPAAR Education & Professionalism Committee.
- ✓ I understand reimbursement is limited to eligible course tuition only and does not include application fees, renewal fees, dues, travel, lodging, meals, or other incidental expenses.
- ✓ I personally paid the tuition indicated in this application and that I have not been reimbursed for these expenses from any other source.
- ✓ I understand that submission of this application does not guarantee reimbursement.
- ✓ I understand that the decision of the Education & Professionalism Committee is final.

The completed Professional Growth Reimbursement Grant Program application, and all required supporting documentation must be submitted electronically to spaar@spaar.com. Applications submitted to any other email address, individual, or delivery method may not be received or considered. The applicant is responsible for ensuring that the reimbursement request and all required materials are successfully transmitted and received by the Education & Professionalism Committee staff liaison within the applicable submission timeframe set forth.

Applicant Signature

Date

Submit to: spaar@spaar.com

Attn: [Kristin-Education & Professionalism Committee](#)

