****

**MPI NENY PROFESSIONAL DEVELOPMENT**

**CERTIFIED MEETING PROFESSIONAL (CMP) SCHOLARSHIP PROGRAM**

This scholarship is awarded once a year in June**.
The deadline for the 2018-2019 Scholarship Application is Monday June 3rd, 2019 at 5pm.

Scholarship Eligibility Criteria**: You must be a current MPI member, have passed the CMP Exam in the current year

(July 1, 2018– June 30, 2019), and not be financially supported by your employer in this endeavor. **2018-2019 APPLICATION FORM**

Name of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time employed as a Meeting Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of your CMP exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for CMP and receipt of passing the exam must be attached.

**ESSAY:** Please attach a 250 word essay on why you are pursuing the CMP Certification and how it will contribute to your development.

**COSTS:**
Application Fee: $\_\_\_\_\_\_\_

Registration Fee: $\_\_\_\_\_\_\_
**TOTAL COST: $ \_\_\_\_\_\_\_**

**AMOUNT OF SCHOLARSHIP REQUEST**: \_\_\_\_\_\_\_\_\_\_\_\_\_ (not to exceed $500.00)

**DOCUMENTATION:**
Please submit the following along with this completed application to:

MPI NENY
P.O. Box 3261
Saratoga Springs, NY 12866

* + Copy of your CMP application
	+ Copy of your receipt of passing the exam
	+ Essay as described above
	+ Personal out-of-pocket receipts

APPLICANT'S SIGNATURE DATE: \_\_\_/\_\_\_/\_\_\_

CMP COMMITTEE SIGNATURE DATE: \_\_\_/\_\_\_/\_\_\_