

# Scholarship Application

Scholarship applying for:		
<input type="checkbox"/> A maximum of \$500 Canadian towards the CMP program		
Name:		Position:
Organization:		
Business Address:		
City, Province, Postal Code:		
MPI Membership No.		Date Joined MPI:
Business Phone:	Fax:	E-Mail:
Years in Present Position:		Years in Profession:
Years as member of MPI-GCC Chapter:		
List the chapter monthly meetings & events or professional development programs you have attended <b>within the past year</b> :		
List the chapter committees you have volunteered on <b>in the past 3 years</b> :		
Attach proof that you have been accepted into the CMP program:		

**Thank you for submitting an application**

Please email or fax completed form to [matt@somniocreative.com](mailto:matt@somniocreative.com)

