

**IMPI Jack Langston CMP/CMM Scholarship Application (up to \$745.00)**

*Scholarship can be used for CMP or CMM designation.*

Please submit application by May 18, 2012.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Check one:

Planner: \_\_\_\_\_

Supplier: \_\_\_\_\_

Student: \_\_\_\_\_

**Eligibility/Terms of scholarship:**

1. Applicant must be an IMPI member in good standing (planner, supplier, student)
2. Recipients of CMP/CMM Scholarship must provide documentation of successfully achieving the designation.
3. The attendee, or employer, must agree to pay any additional costs incurred related to professional designation.
4. The recipient must agree to submit an article to the IMPI e-newsletter about their experience obtaining the professional designation.

**Application Questions:**

1. Number of years employed in the meeting industry?

2. Number of years as an IMPI member?

3. Number of IMPI meetings attended in the last year?

4. Reason for desiring a CMP/CMM Scholarship?

## my IMPI

5. Check any of the following leadership roles you have obtained in IMPI:

- Chapter Officer - # of terms: \_\_\_\_\_
- Board Member - # of terms: \_\_\_\_\_
- Committee Chair - # of terms: \_\_\_\_\_
- Committee Vice Chair - # of terms: \_\_\_\_\_
- Committee Member - # of terms: \_\_\_\_\_
- International Committee Member, Chair, or Officer: \_\_\_\_\_

6. Have you received an IMPI scholarship in the past five years? \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

Please list any other information you would like the Scholarship committee to consider:

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If awarded an IMPI scholarship, I agree to the terms outlined on the first page of this application. This includes, but is not limited to, (1) a commitment to attend the entire session required for obtaining the professional designation and (2) a commitment to write a summary article for IMPI e-newsletter. I understand that any additional expenses incurred are my responsibility. I also agree that if I am awarded the scholarship, and for some reason am unable to attend, I will immediately notify IMPI's Scholarship Committee.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit completed application to:

IMPI Scholarships  
4000 W. 106th Street  
Suite 160-234  
Carmel, IN 46032  
Fax: (317) 429-1270  
Email: administrator@mpi-indiana.org