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**MPI UPSTATE NY PROFESSIONAL DEVELOPMENT**

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

This scholarship is awarded once a year in June**.  
The deadline for the 2020-2021 Scholarship Application is Tuesday, June 1st, 2021 at 5pm.  
  
Scholarship Eligibility Criteria**: You must be a current MPI member, have passed the CMP Exam in the current year

(July 1, 2020– June 30, 2021), and not be financially supported by your employer in this endeavor. **2020-2021 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 UPSTATE NY  
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: \_\_\_/\_\_\_/\_\_\_