



Central Ohio Chapter of IFMA Scholarship Application

Please save an electronic copy of this application. Please fill in all applicable fields. Please enter your name as it is shown on your government-issued photo ID.

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- CFM Exam and Study Guide
- Facility Fusion Attendance
- Degree in Facility Management
- World Workplace Attendance
- FMP Course
- Other: _____

I certify I am not receiving financial assistance from any other source for the above selected scholarship

Personal Information

Name: _____

Work Address

Company Name: _____

Title: _____

Street Address (No P.O. Boxes) : _____

City: _____ State/Province: _____ Zip/Mail Code: _____

Country: _____

Phone: _____ Fax: _____ Email: _____

Home Address

Street Address (No P.O. Boxes): _____

City: _____ State/Province: _____ Zip/Mail Code: _____

Country: _____

Phone: _____ Fax: _____ E-mail: _____

Current or Most Recent Employer

Organization Name: _____

Dates of Employment: _____ Title: _____

Immediate Supervisor Name: _____ Immediate Supervisor Title: _____

Use the space below to provide a detailed description of your major job activities and responsibilities related to facility management.



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Next Most Recent Employer

Organization Name: _____

Dates of Employment: _____ Title: _____

Immediate Supervisor Name: _____ Immediate Supervisor Title: _____

Use the space below to provide a detailed description of your major job activities and responsibilities related to facility management.

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Education

Name of Institution: _____
 Month(s) & year(s) of attendance: _____
 Major(s): _____
 Highest Degree Earned & Date: _____

Address of Institution:

Name of Institution: _____
 Month(s) & year(s) of attendance: _____
 Major(s): _____
 Highest Degree Earned & Date: _____

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 Major(s): _____
 Highest Degree Earned & Date: _____

Address of Institution:

Continuing Education

Competency programs, conferences, and seminars

Program Title:	Date:	Location:
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____

References

Name: _____
 Title: _____
 Organization: _____
 Phone Number: _____

Address:

Name: _____
 Title: _____
 Organization: _____
 Phone Number: _____

Address:

Name: _____
 Title: _____
 Organization: _____
 Phone Number: _____

Address:



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Essay

In the space below describe why you are applying for a scholarship, how this will advance your career, and how your background qualifies you for this award.

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