

Thank you for applying for a PHL MPI Membership Scholarship to the 2017-18 Monthly Programs and Education Institute. Please read the Scholarship Guidelines and Criteria before completion of the application. All applications and/or questions should be e-mailed to [membership@mpiphl.org](mailto:membership@mpiphl.org).

Name of Scholarship: \_\_\_\_\_

Coverage Requested: \_\_\_\_\_

Application Submission Date: \_\_\_\_\_

### Section I- Personal Information

Name: \_\_\_\_\_ MPI #: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Prospective member?: \_\_\_\_\_

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

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

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

Country: \_\_\_\_\_

Your social media handles (if any): \_\_\_\_\_

### Section II- Employment Status

Current Employment Status: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Title: \_\_\_\_\_

Role/ Major Responsibilities:

**Section III – Goals**

**You may use a separate sheet of paper.**

**What are your professional goals (long or short term) ?**

**How do you feel this scholarship will assist in reaching your professional goals?**

**Why are you requesting funding assistance? Please describe your need for a scholarship.**

**Have you attended any MPI PHL Chapter events or MPI Global events? If so please describe your experience.**

**What specific forms of engagement with MPI to expect to take advantage of with your membership?**

**Other Information you feel important for us to know:**

**By Typing your name and date you attest to the accuracy of the information in this application.**



# PHILADELPHIA AREA CHAPTER

M E E T I N G   P R O F E S S I O N A L S   I N T E R N A T I O N A L

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

**Date:** \_\_\_\_\_