**Ohio Certified Public Manager Society**
**PO Box 29483**
**Columbus, OH 43229**

## SCHOLARSHIP FUND APPLICATION

Name of Applicant:_____

Telephone #:_____ Email:_____

Name of Employer:_____

Position:_____ Hire Date: _____
OCPM Student or Graduate:_____
Are you currently an OCPM Society member (Not Required) Yes __ No __

**APPLICATION MUST BE POSTMARKED NO LATER THAN AUGUST 31 OF THIS YEAR.**

1. Please attach a narrative statement evidencing: your career plans; leadership roles you have assumed in your community and profession; your membership and participation in the Society and/or any other professional organizations; and why you feel you are the best applicant for this scholarship.

2. Please indicate below how you have paid or will pay your tuition in the OCPM Program or other accredited institution of higher learning. Please remember the Scholarship Fund is not intended to subsidize what otherwise would have been payable through your employer or other sources. The Scholarship Fund is intended to assist only those participants who have paid or will pay some or all of their tuition costs from their personal funds which are not otherwise reimbursable from any source.

| Year Payable | $ Amount Paid/To Be Paid By Employer | $ Amount Paid/To Be Paid By Applicant |
|---|---|---|
| | | |
| | | |

**STATEMENT**

I certify the amount(s) reflected in column 3 above are tuition amounts which I have paid or intend to pay from my personal funds and which are not otherwise reimbursable from any source, including my employer. I swear this statement is true to the best of my knowledge.

_____ _____
Date Signature of Applicant

Mail signed application with additional information to:

**Ohio CPM Society**
**P.O. Box 29483**
**Columbus, OH 43229**
**Atten: Scholarship Fund**

OR

Scan signed application with additional information to a PDF formatted file and email to: **scholarshipcommittee@ohiocpmsociety.com**

Rev 8/10