

# Annual Membership Scholarship



## Applicant Information

Name	
Company & Title	
Contact Number	
Current or Past Position w/ Greater Triangle Chapter	
Number of years as a member of IFMA	
List any FM accreditations	

## Committee you plan to join or are active in

Tell us in which committee you will be actively serving this year

- Membership
- Community Outreach
- Programs
- Networking & Events
- Communications
- Professional Development

## Reasons for requesting your membership scholarship

Briefly summarize your main reason for requesting your membership scholarship

## How would the Greater Triangle Chapter benefit for your participation

What value do you see yourself adding to The Chapter for sponsoring your annual membership

**What are your future aspirations in the Greater Triangle Chapter?**

How will your IFMA membership benefit you & your career?

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Membership Scholarship Requirements**

Professional members who have completed at least twelve (12) months of continuous membership in the Triangle Chapter of IFMA are eligible to apply

Must commit to actively serve on a committee of your choice

Must attend 5 of the 12 monthly meetings or tours offered throughout the year