



P.O. Box 293
Waukesha, WI 53187-0293
414-861-CMSA
www.cmsamilwaukee.com

Linda Smedema Memorial Scholarship Application

Name _____

Address _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

Current Position Held _____

CMSA Membership # _____ Member Since _____

Educational Scholarship will be applied toward:

- | | |
|---|--|
| <input type="checkbox"/> Certification Exam | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> School | <input type="checkbox"/> Review Course |
| <input type="checkbox"/> Self Study | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Other: _____ |

Program Title: _____

Date: _____ Sponsor: _____

Essay Requirements:

Please submit a short essay including the following information:

- Briefly describe your reason(s) for requesting the Educational Scholarship.
- Describe your financial wishes, including the total cost of the program.
- Include the name of the program, dates of attendance, and a copy of the brochure, or documentation, if available.
- Include a list of all CMSA-Milwaukee Chapter activities in which you have participated or attended. (Examples include: conferences, educational programs and/or meetings attended, Officer/Board of Director participation, Committee participation, etc.)

Submit completed application and essay by September 1, 2013 to:

CMSA-Milwaukee Chapter
P.O. Box 293
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