



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

## Membership Scholarship Application

Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

CMSA Membership # \_\_\_\_\_ Member Since \_\_\_\_\_

**In order to be eligible for this scholarship, the recipient must contribute to CMSA-Milwaukee Chapter during the year of the awarded membership. Please indicate your area(s) of interest:**

Conference Committee  
 Membership Committee

Program Committee  
 Marketing

Run for Board of  
Director Position  
 Other: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please tell us the following in a short paragraph why you should be chosen for this scholarship (indicate financial need and other information you feel should be considered for :**

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**Submit completed application by September 1, 2013 to:**  
CMSA-Milwaukee Chapter  
Attn: Pam Rundhaug  
P.O. Box 293  
Waukesha, WI 53187-0293