

KCIFMA Certification
Member Scholarship Application

APPLICATION FOR SCHOLARSHIP FUNDING

The Board of the Kansas City Chapter of IFMA will consider funding all or part of the fee for the CFM Exam Review Class, FMP or SFP training courses under a scholarship program, if the cost of the class would pose a hardship on the KCIFMA member wanting to attend the class. Please complete the information below and return to KcifmaScholarshipChair@gmail.com.

Member's Name: _____ Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title of training course to be attended: _____ Cost: _____

1) Highest Academic Level Achieved:

High School Some College Associate Degree
 Under-Graduate Degree Masters Degree Tech/Business College

2) Years involved in facility management: _____

3) Years involved in IFMA: _____

4) Have you had committee involvement in KC IFMA? Yes No

5) If yes to #4, please list your involvement:

6) If no to #4, would you be willing to volunteer for the chapter in some capacity?
 Yes No

7) Area(s) of strength and/or interest – check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Associate Relations |
| <input type="checkbox"/> Webpage | <input type="checkbox"/> Corporate Sponsorship |
| <input type="checkbox"/> Finance | |

8) Why do you want to achieve your CFM, FMP or SFP designation?

9) Use the space below to provide a detailed description of your major job activities and responsibilities related to facility management.

10) Does the company you work for reimburse or pay for educational classes?

Yes No
If yes, how much is the reimbursement for this class? _____

Any other information you would like to have considered:
