



Scholarship Application

Applicant Information	
Name: _____	Certifications: _____
Title: _____	Agency: _____
Address: _____	
Email: _____	Phone Number: _____

Assistance Required	
Scholarship Request (Host Organization & Event Name): _____	
Date(s): _____	Location: _____
Scholarship Package Requested (visit MPPOA website for package details):	
<ul style="list-style-type: none"> NIGP Seminar NIGP Annual Conference MPPOA Annual Conference Regional Meeting, MPPOA One-Day NIGP Sponosored Event and Webinars CPPO and CPPB Examination Fee and Renewal Fee 	
Scholarship Amount Requested: _____	
<p>I agree to abide by the policies and procedures of the MPPOA scholarship fund. I will provide a copy of the class certificate or attendance form to the MPPOA Professional Recognition Committee Chair as proof of my attendance or I will reimburse MPPOA for the full amount of scholarship money I have received. If, for any reason, I must cancel my attendance prior to the event I have received scholarship money for, reimbursement will be made back to the MPPOA.</p>	
Applicant's Signature _____	Date _____

Supervisor's Certification & Signature (required)	
<p>"As the Applica'nt's supervisor, I certify our Agency is unable to fund the Applicant's funding request for the event named above."</p>	
Supervisor's Signature _____	Date _____
Print Supervisor's Name & Title: _____	
Phone: _____	Email: _____

Submit completed Scholarship Application and Applicant Bio to:
info@mppoa.net or MPPOA Awards & Scholarship Committee, 416 S Cedar Street, Suite H, Lansing, MI 48912