



# Chapter Membership Scholarship Application

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am applying for  Full Scholarship (\$170)  Partial Scholarship (\$75)

How long have you been a member of CWC-FPRA? \_\_\_\_\_

Have you ever served on a committee or held an office? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever entered the Image Awards? \_\_\_\_\_

What do you believe is the biggest benefit of an FPRA membership?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In confidence, please explain why you are requesting chapter financial assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*You may add anything else you like to the reverse of this form. This application will be considered by a professional committee, which will make a recommendation to the chapter board for any scholarships to be awarded.*

Submit application to:

Mischa Kirby, VP of Membership

7346 Meroni Blvd. North Port, FL 34291

Email: [MKirby@MultiplicityPM.com](mailto:MKirby@MultiplicityPM.com)