

APPLICATION FOR Student Membership
Central Illinois Chapter of IFMA
www.cicifma.com



A signature at the end of this document indicates your full knowledge and compliance with all aspects of this application.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

NAME (LAST, FIRST, MIDDLE)

NAME CALLED
BY

DATE APPLICATION COMPLETED

STREET ADDRESS (Local)

CITY

STATE

ZIP

TEL. NO.

STREET ADDRESS (permanent)

YEARS AT THIS ADDRESS

CITY

STATE

ZIP

TEL. NO.

Please attach a personal resume.

WHY WOULD YOU LIKE TO BE CONSIDERED FOR THIS SCHOLARSHIP? (Approximately 500-1000 words)
Please submit on a separate sheet.

Do you understand the requirements for maintaining this Scholarship?

Attend 4 meetings per year.
Be actively involved on a committee of the chapter's choosing.
Be enrolled in a Built Environment Curriculum.
Pay \$5 meal charge at meetings that you attend.

Signature:

Date: