NEW MEXICO PUBLIC PROCUREMENT ASSOCIATION

Scholarship Fund Application

Name: _____

Title: _____ e-mail: _____

Employer: _____

Name of Immediate Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please check all that apply:

☐ NMPPA Member ☐ NIGP National Member ☐ Other purchasing affiliations (describe below):

_____

_____

Course title: _____ Date _____

Course location: _____

Scholarship amount requested: $ _____ *(maximum permitted is 80% of registration fee)*

Total course/conference fee: $_____ How much will you contribute? $ _____

Employer's contribution: $ _____ *If blank, attach a signed explanation from your supervisor*

Please complete all information on the following pages; attach additional sheet(s) if necessary. This information is used to determine whether s scholarship will be awarded, and to determine the recipients in the event multiple requests result in insufficient funds to grant all meritorious requests.

 Applicant's Name: _____

1. Provide a complete explanations/justification of the need for funds. Be specific and provide details.

_____

_____

_____

2. Provide a brief history of your involvement with the purchasing profession:

_____

_____

_____

3. How long have you been a member of NMPPA? _____

4. Please list contributions you have made to NMPPA:

_____

_____

_____

5. Do you currently hold any professional purchasing certification(s)? ☐ Yes ☐ No

If yes, which one(s) and when did you receive it (them)? _____

_____

If no, are you seeking professional certification? ☐ Yes ☐ No

If yes, which one and what is your planned course of action?

_____

_____

_____

Please continue to the next page

 Applicant's Name: _____

6. What would be one contribution that you would like to be able to make to NMPPA, to help it better meet the needs of the membership?

_____

_____

_____

7. Have you ever received an NMPPA scholarship in the past? ☐ Yes ☐ No

If yes, when did you receive it and what event was it used for? _____

_____

_____

I certify that, to the best of my ability, the statements made herein represent true and factual information.

Applicant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Check list for submission of a complete package:

- ☐ All blanks completed on this form
- ☐ Current resume attached
- ☐ Verification attached for employment
- ☐ Education/Training policy

****FOR COMMITTEE USE ONLY*****

Date Application Received _____ Date Reviewed by Committee _____

Recommendation _____

Committee Chairperson _____

signature