

# CMSS Scholarship Application:

Please sign and submit application to :

CMSS  
P.O. Box 854  
Chesterfield, MO 63006.

Please note:

- Application can be submitted at any time through out the year.
- Application must be complete to be considered.
- CMSS Board will notify all award recipients within 30 days of the application deadline.
- All qualified applicants will be selected on scholarship funds availability.

## CMSS Scholarship Application:

Last Name <small>(please print)</small> :	First Name:
Address:	
Phone: (    )	Email:
CMSA ID#:	Years of Membership:
List dates of CMSS monthly lunch meetings attended in the past year:	
Program Title:	
Detailed description of program: (Please include program material, speaker, educational components/objectives and proof of application for CCM certification exam as an attachment with application.)	
Program Cost:	Scholarship amt. requested:

Mini essay: "How have you contributed to the St. Louis Chapter of the Case Management Society?" Please be as detailed as possible.  
*(Please use next page for essay)*

**I certify that information contained in this application is true and complete. I understand that false information may be grounds for not granting me this scholarship and may make me ineligible for scholarship funds in the future. I authorize the verification of any or all information listed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CMSS Scholarship Application:

## Board use only

Member Name:

<b>CMSS member in good standing :</b>	<b>YES</b>	<b>NO</b>
<b>CMSS member, at least one year:</b>	<b>YES</b>	<b>NO</b>
<b>Active attendance in monthly membership meetings:</b> <i>(Must be at least 50%)</i>	_____ %	
<b>Adequate contributions to chapter:</b>	<b>YES</b>	<b>NO</b>
<b>Program is concurrent with the case management profession:</b>	<b>YES</b>	<b>NO</b>
<b>Application approved/disapproved:</b>	<b>APPROVED</b>	<b>DISAPPROVED</b>
<b>Amount approved:</b>	\$	
<b>Member notified by letter:</b>	<b>Date:</b>	