



Student Scholarship Application
FFMA ANNUAL MEETING
(Please type all information)

Application Date: _____ APPLICATIONS ARE DUE ON OR BEFORE APRIL 20, 2012.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Residence Phone: _____ Cell Phone: _____ E-Mail: _____

Career Objective: _____

Undergraduate Education: 1 2 3 4 (circle year completed)

College/University Attended: _____

Major(s): _____

Graduate Program Attended: Masters _____ Ph.D. _____

College/University Attended: _____

Major(s): _____

Work experience related to the public assembly facility management industry: _____

Internship experience (facility/length of program): _____

Volunteer experience (type/length of experience): _____

Statement of financial need: _____

Applicant: I certify the accuracy of the information presented in this application and agree to volunteer at least the minimum number of hours required within the said scholarship criteria during FFMA's Annual Meeting. I realize the failure to meet my volunteer obligation may result in full or partial forfeiture of this scholarship.

Applicant's signature

Date

Return completed form to: Lynda Reinhart, FFMA Scholarship Chair, UF/Stephen C. O'Connell Center, PO Box 115850, Gainesville, FL 32611-5850

FFMA OFFICE USE ONLY
Application received (date): _____ Approved (date): _____ Denied (date): _____
Total scholarship reimbursement paid to recipient: \$ _____ Check #: _____ Date: _____