



Student Scholarship Application
FOR THE INTERNATIONAL ASSOCIATION OF VENUE MANAGERS
VENUECONNECT ANNUAL CONFERENCE and TRADE SHOW
(Please type all information)

Application Date: \_\_\_\_\_ APPLICATIONS 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.

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: \_\_\_\_\_