

2018 Convening Leaders Scholarship Application

Send your completed application to:

**Attn: Kevin Belanger**

Shepard Exposition Services

1531 Carroll Drive, NW

Atlanta, GA 30318

Phone: 678-410-5565

e-mail: kbelanger@shepardes.com (Please submit electronically if possible)

2018 Convening Leaders - Nashville, TN, January 7-10, 2018

***Application Deadline is September 8, 2017***

Personal Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor name and title (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Planner Supplier

PCMA SE Chapter Experience:

1. Number of years in the Meeting Industry \_\_\_\_\_\_\_\_\_\_\_\_ (x1 point per year)=\_\_\_\_\_\_
2. Number of years as a PCMA/PCMA SE member \_\_\_\_\_\_\_\_(x2 points each)=\_\_\_\_\_\_\_\_
3. Chapter Officer - # of terms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(x10 points each)=\_\_\_\_\_\_\_
4. Board Member - # of terms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(x8 points each)=\_\_\_\_\_\_\_\_\_
5. Committee Chair - # of terms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(x6 points each)=\_\_\_\_\_\_\_\_\_
6. Committee Member - # of terms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (x4 points each)=\_\_\_\_\_\_\_\_
7. International Committee Member, Chair or Officer (x3 points each)=\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL OF POINTS FOR APPLICANT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received a PCMA SE Scholarship in the past? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes, when and for what reason?

Please list any other information that you would like for the Scholarship Committee to consider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Signature and Date

By submitting this application, I agree to the following policies pertaining to the scholarship. I also agree that if I am awarded the scholarship and for some reason I am unable to attend I will immediately notify Kevin Belanger at (678) 410-5565.

* The recipient must be a PCMA SE member of good standing.
* The recipient agrees to submit required registration information to the PCMA SE Chapter Administrator no later than October 13, 2017.
* The attendee or employer must agree to pay any additional costs incurred for the conference attendance.
* Recipient commits to planning on attending the *entire* conference.
* The recipient must agree to submit an article to the Director of Communications for the PCMA SE Chapter Newsletter about an educational session attended and/or the experience of attending the conference within 30 days of attending the conference.