



**FLORIDA  
CHAPTER**  
CLUB MANAGEMENT  
ASSOCIATION OF AMERICA



## STUDENT EDUCATION SCHOLARSHIP APPLICATION

APPLICATION DEADLINE IS DECEMBER 16, 2024

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### EDUCATIONAL INFORMATION

Name of College/University you are attending: \_\_\_\_\_

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

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

What is your classification in 2024/2025 school year?

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Student CMAA Member ID#: \_\_\_\_\_

What is your involvement in the Student Chapter at your College/University?

What clubs have you explored or activities have you engaged in with your chapter?



## EMPLOYMENT HISTORY

**Summer Intern Club**

**Club Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Position(s) Held:** \_\_\_\_\_

**Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Other Employment**

**Company:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Position(s) Held:** \_\_\_\_\_

**Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Company:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Position(s) Held:** \_\_\_\_\_

**Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you received an FLCMAA Student Scholarship in the past?**

**Yes** \_\_\_\_ **No** \_\_\_\_

**Be sure to include the following with your application:**

- Letter of recommendation from your current CMAA Student Chapter President or Officer
- Current Resume
- Current photo copy of your student ID

**Send complete application to Kelly Grabowsky, CCM, Managing Director  
at [kelly@flcmaa.org](mailto:kelly@flcmaa.org)**