

Scholarship Program  
**RITA LASHWAY**  
EMPIRE STATE SOCIETY OF ASSOCIATION EXECUTIVES

## Scholarship Application

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

YEARS IN PRESENT POSITION \_\_\_\_\_ MEMBER OF ESSAE SINCE \_\_\_\_\_

PLEASE INDICATE THE SCHOLARSHIP YEAR AND CERTIFICATION YOU ARE SEEKING:  
YEAR: \_\_\_\_\_  CAE  CMP  CMM

ARE YOU WILLING TO ACCEPT A PARTIAL SCHOLARSHIP?  YES  NO

DO YOU MEET THE ELIGIBILITY REQUIREMENTS TO SIT FOR THE EXAM?  YES  NO

LIST ALL OF YOUR NON-REIMBURSED EXAM EXPENSES:

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

PLEASE INDICATE THE AREA(S) IN WHICH YOU WOULD BE WILLING TO SERVE ESSAE:

- ESSAE VOLUNTEER
- CAE/CMP/CMM MENTOR
- CAE/CMP/CMM STUDY COURSE FACILITATOR
- CONDUCT AN ESSAE EDUCATION SESSION

DESCRIBE YOUR INVOLVEMENT IN ESSAE INCLUDING COMMITTEES:

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

PLEASE SHARE ANY PROFESSIONAL AWARDS YOU HAVE RECEIVED (I.E.) ASSOCIATION EXECUTIVE OF THE YEAR, RISING STAR, SUPPLIER OF THE YEAR, ETC:

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

TO WHAT EXTENT WILL YOUR EMPLOYER FINANCIALLY SUPPORT YOUR WORK TO ATTAIN CERTIFICATION? PLEASE INDICATE THE APPLICABLE PERCENTAGE FROM 0 - 100.

\_\_\_\_ ANNUAL DUES      \_\_\_\_\_ MONTHLY MEETINGS  
\_\_\_\_ CONFERENCE FEES      \_\_\_\_\_ APPLICATION FEE  
\_\_\_\_ STUDY MATERIALS      \_\_\_\_\_ TRAVEL EXPENSES FOR EXAM

PLEASE DESCRIBE YOUR INDUSTRY INVOLVEMENT INCLUDING OTHER ORGANIZATIONS AND/OR ARTICLES YOU HAVE WRITTEN OR PRESENTATIONS YOU HAVE DELIVERED.

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

PLEASE DESCRIBE HOW YOU HAVE PROMOTED THE VALUE OF ESSAE MEMBERSHIP.

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

HOW WILL THIS SCHOLARSHIP BENEFIT YOUR PROFESSIONAL DEVELOPMENT?

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

WHY SHOULD YOU BE CHOSEN TO RECEIVE THIS SCHOLARSHIP?

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

### **A LETTER OF SUPPORT FROM YOUR IMMEDIATE SUPERVISOR MUST ACCOMPANY YOUR APPLICATION.**

By submitting this application, I agree to the criteria and requirements pertaining to the scholarship as outlined in the ESSAE Rita Lashway Scholarship Program. I also agree the scholarship is forfeited if I am unable to participate for any reason or do not pass the exam. I will immediately notify the ESSAE Executive Director and will reimburse ESSAE any advanced award monies and/or any assessed cancellation fees within 30 days of notification. I understand that I must reapply for future scholarships with no guarantee of award.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**Please return your completed application to:**

ESSAE RITA LASHWAY SCHOLARSHIP PROGRAM  
C/O VANESSA LACLAIR, CMP, ESSAE EXECUTIVE DIRECTOR  
120 DEFREEST DRIVE, SUITE 100, TROY, NY 12180  
(518) 463-1755 OR VANESSA@ESSAE.ORG