



Continuing Education Scholarship Application for Members  
Institute for Supply Management New Hampshire, Inc.

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

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

Employer \_\_\_\_\_ Position \_\_\_\_\_

Job duties/responsibilities relevant to the course you want to take:

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

Information on the course, seminar, etc for which you are requesting funds:

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

Amount you are requesting (up to \$500 limit): \_\_\_\_\_

Name and Address (or Website, etc.) of college or organization offering or sponsoring the course or program:

\_\_\_\_\_

Summarize your participation and /or volunteer experience in ISM New Hampshire:

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

Specific date(s) of course \_\_\_\_\_

Registration deadline, if any \_\_\_\_\_

I agree that I am solely responsible for any tax reporting and/or payment

\_\_\_\_\_

Signature of Applicant

For Scholarship Committee Use

Approved: \_\_\_\_\_ Declined: \_\_\_\_\_

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

Comments: \_\_\_\_\_