



**OREGON  
CHAPTER**  
CLUB MANAGEMENT  
ASSOCIATION OF AMERICA

## Club Managers of Oregon | Inspirational Scholarship

The Inspirational Scholarship provides reimbursement up to \$3,000 for any continuing educational opportunity. This scholarship may cover reimbursement of the registration cost, along with reasonable expenses associated with the education, such as airfare, hotel and meals. Scholarship awards will be granted based on recommendations made by the Club Foundation Scholarship Committee and approved by the CMO Board of Directors.

### Who Should Apply?

Any CMO or Affiliate Member who has been a member for at least one year, who is dedicated to continued education in the club industry, is encouraged to apply for the scholarship.

### Criteria

1. Candidates must be a CMO or Affiliate Member for at least one year.

### Application Requirements

2. Request a scholarship application by contacting the CMO Managing Director, Susan Rogers by email [md@cmaaoregon.org](mailto:md@cmaaoregon.org), or log on to the CMO website at [www.cmaaoregon.org](http://www.cmaaoregon.org) to download an application.
3. Write an essay addressing the following components:
  - a. Describe an inspirational event, person or experience in your life and how it has impacted you as a person.
  - b. Describe in detail your career objectives and goals.
  - c. Detail the reason(s) you wish to pursue a club management career.
  - d. What are your specific interests within the private club management field?
4. Include a copy of your current resume.
5. Include one letter of recommendation.
6. Scholarship applications must be received by the CMO by **September 30, 2021**. Email them to [md@cmaaoregon.org](mailto:md@cmaaoregon.org)

Please direct any questions regarding the scholarship or scholarship procedures to Susan Rogers, CMO Managing Director, 206.384.7466, [md@cmaaoregon.org](mailto:md@cmaaoregon.org).



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## Application for Inspirational Scholarship

### General Information

Name: \_\_\_\_\_ Member ID# \_\_\_\_\_

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

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

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

### Employment Information

Current Employer: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Position Held: \_\_\_\_\_ Number of years at club: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Title: \_\_\_\_\_ Number of years at club: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Education Information**

Name of Institution/Location	Number of Years Completed				Degree Earned?		Major Field of Study
	1	2	3	4	Y	N	
	1	2	3	4	Y	N	

**CMO/CMAA Activities**

List any activities in which you are/have been an active participant (i.e., chapter activities, education programs/workshops and conferences).

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**Community Activities**

List any community activities in which you are/have been an active participant.

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**Additional Criteria**

Attach a copy of your current resume and your personal essay as requested.

# Recommendation Form for The Inspirational Scholarship

The candidate named below is applying for the Club Managers of Oregon Inspirational Scholarship from The Club Foundation and is seeking your recommendation as required by the Foundation's program criteria. Please attach your letter of recommendation to this form and return it to your candidate. Please note that the candidate must submit their completed application to their chapter by **September 30, 2021**.

**Applications are not considered complete unless the appropriate recommendation forms and letters are included with the application packet by the deadline date.** Your prompt response is greatly appreciated.

The content of the letter is left to your discretion, but must address the following questions:

1. How long and under what circumstances have you known the applicant?
2. Why are you recommending the candidate?

## Candidate Section

Candidate Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Candidate Signature: \_\_\_\_\_

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

Please return this form and your recommendation letter to the candidate to be included in their completed application submission.