PMI Los Angeles Chapter
PMP Prep Course Scholarship Application

Purpose: This application is used to evaluate requests for financial assistance for participation in the PMI-LA PMP Prep Course.

Applicant Information

Full Name: _____

Email Address: _____

Phone Number: _____

PMI Member Number (if applicable): _____

If employed, provide the name of your employer _____

If student, provide the name of your educational institution _____

Professional Background

Years of Project/Program Management Experience: _____

Have you previously attempted PMP preparation? Yes / No

If Yes, please briefly explain: _____

Scholarship Request

Amount Requested (up to $500): $_____

Does your employer provide reimbursement for PMP training? Yes / No

If partially funded, please explain: _____

Statement of Need

Please describe your financial circumstances and why scholarship assistance is needed (attach additional pages if necessary).

_____

_____

_____

Career Impact

Describe how obtaining the PMP certification will support your professional development and career goals.

_____

_____

_____

Community Engagement

Please describe any PMI-LA volunteer service, community involvement, military service, student status, career transition, or other circumstances you would like the review committee to consider.

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_____

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that scholarship awards are subject to review and approval by PMI-LA and that supporting documentation may be requested.

Applicant Signature: _____ Date: _____