International Parking & Mobility Institute

CERTIFICATION SCHOLARSHIP APPLICATION FORM

The following Scholarship Application Form is submitted to the Certification Board upon completion. All parts of this form must be completed and the application signed. This scholarship form is eligible to be used for the PTMP™ and the PECP™ credentials. You must be a member of IPMI in good standing to apply for these funds.

Name:	
Title:	
Company:	
Address:	
City, State/Providence, Zip/Postal Code:	
Phone:	
Email:	

Scholarship Guidelines:

- Applications for scholarships will be reviewed by the Certification Board with final determination and notification to the applicant within 30 days of submission.
- Any member seeking professional development points and/or who are intending to take the PTMP™ exam within the next two (2) years or are recertifying can apply for scholarship funds.
- Scholarship funds will have a $2,500 US lifetime limit per applicant.
- Applicants must have acquired the minimum of twelve (12) professional development points towards the PTMP™ application.
- PTMPs applying for scholarship assistance toward recertification must currently have accumulated a minimum of six (6) points.
- The Certification Board reserves the right to decline for any reason.
- One organization cannot apply for more than three scholarship awards in one calendar year.
- Scholarship funds are available to offset the following for professional development: registration fees for online or in-person education, travel, and lodging expenses.
- Scholarship applications must be in six weeks prior to the educational event.
- All deliberations of the Certification Board are confidential.
- Scholarship award criteria includes the degree to which the professional development plan identified in this application aligns with the exam content areas, progress toward certification or recertification, and documentation of financial need.

Completed applications and all necessary information should be submitted to: **certification@parking-mobility.org**

PLEASE COMPLETE ALL PAGES OF THIS FORM.

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If recertifying: Number of points you have accumulated to-date towards recertification.	
If recertifying: Please attach your in-progress Recertification Recordkeeping Form found in the **PTMP**™ Recertification Guidelines or online by clicking here.	
Please explain why scholarship funds are necessary. Use additional sheets if needed.	

Please choose from below by selecting the applicable box for hotel/lodging, registration fees, training fees, and/or airfare/travel. Kindly estimate your expenses for each. Reimbursement occurs 25 days after the event concludes.

Training Organization Name and Location, if applicable:		
Dates of training/conference:		
☐	**Online/Virtual Education**	**$**
☐	**PECP**™ **micro-credential**	**$**
☐	**Hotel / Lodging**	**$**
☐	**Registration Fees**	**$**
☐	**Airfare / Travel**	**$**

Total amount of scholarship funds being requested in this application: Once the lifetime limit is reached, the applicant is ineligible for the scholarship.	**$**

Have you requested these funds from your organization?	☐	Yes	☐	No
If no, you have not requested funds from your organization, please explain why:				
If, yes, provide the amount your organization has agreed to contribute:	**$**			
Provide the name and email address of the person in your organization who is aware of this request.				

Direct any questions regarding the scholarship application or the application process to the Certification Dept. at **certification@parking-mobility.org.**

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Whether you are requesting funds for professional development to satisfy the PTMP Credential educational application requirements, or recertifying, complete the chart below with the intended education. Indicate the name of the sessions/ classes you are requesting funds for and which of the domains of the Exam Content Outline the content satisfies. Provide this information in the columns below. For reference, please refer to the PTMP™ Candidate Handbook which can be found here. The first line of the chart includes an example.

Chart below is only to be completed if requesting funds for the PTMP™ application or recertification. If requesting funds for the PECP™ leave this chart blank.

Name of Session / Class	Content Area / Domain of Exam Outline	Location of Session / Class
Example: Finance	Content Area/Domain II: General Management: B. Manages revenue sources, cash flow, and alocation of resources.	IPMI Conference Las Vegas, NV

As the employer, I attest that the information contained in this scholarship application is true to my knowledge.

Employer's Signature _____ Date _____

Employer's Printed Name _____ Employer's Title _____

If requesting funds for the PTMP™ provide estimated date to take the PTMP™ Exam below:

I, _____ (Applicant's Name), plan to apply to take the PTMP exam by Date _____.

I do hereby attest that the information submitted in and PTMPwith this application is true and correct to the best of my knowledge. I agree to abide by the provisions of IPMI in regard to the use of any scholarship funds I may receive.

PTMP or PECP Applicant Signature _____ Date _____