

The Gordon Rankin Memorial Scholarship may be used for one AMPP certification or non-certification course of the recipients choosing. The course may be in-person, virtual, or an e-course provided by AMPP and/or AMPP SoCal Chapter. All other costs for attending the course (i.e. travel, meals, hotel) is the responsibility of the recipient. You must either type or print all your answers neatly in ink. Application response may be sent via email to amppsocal@gmail.com.

1.	Name,,				
	Last	First			M.I.
	Mailing address				
	Number and street				
	City	State	Zip	Phone	
	E-mail				
	AMPP membership number:	P certification nun	ıber:		
2.	What Company do you work for?				
	Start date				
3.	What position or job title do you hold?				
4.	What current certifications do you hold?				
5.	Which AMPP courses have you completed in the past?				
6.	Which AMPP course do you plan to take? _				
7.	Do you currently attend school? Yes 🗌 No	• 🗌 If yes,			
8.	Is there a certification related to this course? Yes 🗌 No 🗌 If yes,				
9.	(Optional): On the page provided, please provide a short essay for what this scholarship would mean to you				

9. (Optional): On the page provided, please provide a short essay for what this scholarship would mean to you. Possible topics should include career goals, educational goals, and how this scholarship would improve your career.



CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, and any additional supporting documentation submitted as part of this application. <u>If chosen for scholarship award, I agree to provide proof of eligibility to attend an AMPP course, as well as the dates and location of the course of my choosing.</u> I further agree, if chosen to submit a written paragraph to be published on the value of the scholarship award in my career pursuits.

Signature _____

Date _____