

MISSISSIPPI CIVIL DEFENSE/EMERGENCY MANAGEMENT ASSOCIATION

PERSONNEL EDUCATIONAL ENHANCEMENT SCHOLARSHIP

MCDEMA has established a scholarship fund for the purpose of assisting Emergency Management personnel (paid staff or volunteer), who are members in good standing with this organization and have completed Mississippi Certified Emergency Manager certification , in pursuing Emergency Management education to meet professional objectives.

REQUIREMENTS FOR MAKING APPLICATION:

1. Be level four MCEM certified and attach copy of certification.
2. Complete MCDEMA Personnel Scholarship Application form. Form must be signed by applicant, MCDEMA board president and applicant's immediate supervisor.
3. Must submit letter on legal stationery from payroll clerk stating applicant's yearly salary.
4. Two hundred (200) word essay to include motivation and goals in pursuing EM education to meet professional objectives.
5. Must submit any extra curricular activities, awards/recognitions and years of service for review by selection committee.
6. Mail to: MCDEMA Personnel Scholarship Application at: P.O. Box 672 Brookhaven, MS 39602. Application must be postmarked by April 1st of current year.

ELIGIBILITY RULE:

In order to receive this scholarship, the recipient must forward either a college transcript or statement from the registrar of the college they are attending or have attended, which states they have completed one semester or have completed registration for attendance that semester. A check, payable in recipient's name, will be mailed to appropriate college. The winner of the scholarship will be announced and presentation made at Annual EM conference.

DISCLAIMER:

The amount of the scholarship is dependent upon funds available and by evaluation of selection committee.

**MISSISSIPPI CIVIL DEFENSE/EMERGENCY MANAGEMENT ASSOCIATION
PERSONNEL EDUCATIONAL ENHANCEMENT SCHOLARSHIP APPLICATION**

DATE APPLICATION COMPLETED _____

DATE APPLICATION RECEIVED _____

APPLICATION NUMBER _____

PLEASE PRINT LEGIBLY OR TYPE INFORMATION

PERSONAL INFORMATION

NAME _____

PRESENT ADDRESS _____

COUNTY _____ JOB TITLE _____

BIRTHDATE _____ E-MAIL _____

PHONE: WORK _____ CELL _____ HOME _____

NAME AND ADDRESS OF COLLEGE YOU PLAN TO ATTEND OR ARE ATTENDING

FINANCIAL NEED

Number In Household _____ Annual Family Income _____

*Attach letter from payroll clerk on legal stationary stating yearly salary.

Are there any extenuating financial obligations? If so, please explain. Use back of form if needed.

Have you applied for and/or received any other financial assistance? Please explain what type and amount. Use back of this form if needed.

200 WORD ESSAY (Attach to completed application)

EXTRA CURRICULAR ACTIVITIES (use back of form if needed) _____

WORK List your work history beginning with the most recent.

Employer	Mo/Yr to Mo/Yr	Hours/Wk	Pay/Hour	Duties

(Continue on back if necessary.)

YEARS OF SERVICE – PAID AND/OR VOLUNTEER _____

AWARDS AND RECOGNITIONS (use back of form if needed) _____

COMPLETION DATE OF MCEM _____

*Attach copy of certificate

APPLICANT’S SIGNATURE _____

MCDEMA BOARD PRESIDENT _____

IMMEDIATE SUPERVISOR _____

DID YOU REMEMBER TO ATTACH?

Copy of MCEM certification.

Letter from payroll clerk on legal stationary stating yearly salary.

200 word essay including motivation and goals in pursuing EM education to meet professional objectives.