

6/1/24 SUBMISSION DEADLINE 6/19/24 ANNOUNCEMENT OF RECIPIENTS

CMSRUN.ORG/CMS-SCHOLARSHIP

AWARD INFORMATION

The CMS Scholarship is granted annually to young members of CMS pursuing an Undergraduate Degree. A committee of an odd number (3 or 5) of individuals reviews the applications and decides who is awarded the scholarships. Please note: Only CMS members who are not family members of any applicants will serve on the committee.

Two \$500.00 scholarships per year will be granted if two applicants meet the award criteria and are approved by our scholarship committee. The committee retains the right to split an award between 2 deserving candidates, or make other amendments to the distribution of awards.

The recipients will be announced at the annual summer members-only event.

REQUIREMENTS

The applicants must have been a CMS member for at least 3 years prior to the award date, and hold a current membership (either through an individual membership or family membership) at time of application. Proof of enrollment (ie:schedule) will be required by all selected recipients.

NAME (PRINT)				
STREET ADDRESS	TOWN	STATE	_ZIP	
WHEN DID YOU JOIN CMS?		CURRENT MEMBER	YES NO	
WHERE DO YOU CURRENTLY GO TO SCHOOL?			GPA	
WHERE DO YOU WORK?		WEEKLY HOURS		
LIST SCHOOL ACTIVITIES AND A	NY COMMUNITY SERVIC	E		
WHAT COLLEGE DO YOU PLAN T	O ATTEND?			
ADDRESS OF COLLEGE				
COLLEGE START DATE				
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PLEASE SUBMIT BOTH PAGES TO CMS-SCHOLARSHIP, PO BOX 922 WORCESTER, MA 01613-0922 TO BE CONSIDERED



Undergraduate Degree Scholarship Program

NAME (PRINT)	SIGNATURE (REQUIRED)		
WHY SHOULD CMS CONSIDER YOU AS A CANDIDATE FOR THIS SCHOLARSHIP?* *ADDITIONAL PAGES CAN BE INCLUDED, IF NEEDED			

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