



International Military Community Executives' Association

Robert W. Brunsman Memorial Scholarship Fund

APPLICATION FOR MWR/SERVICES SCHOLARSHIP

Complete all portions of this form

Mail to: IMCEA Headquarters - Scholarship
 P. O. Box 7286
 Alexandria, VA 22307-0286

www.imcea.org

Phone: (571) 207-8893
 Fax: (866) 369-2435
 Email: imcea@imcea.org

APPLICANT PERSONAL INFORMATION

NAME _____ IMCEA MEMBERSHIP NUMBER _____

MAILING ADDRESS _____ CITY _____

STATE/APO/FPO _____ ZIP _____ COUNTRY _____

PHONE: _____ FAX _____

EMAIL: _____ DATE OF BIRTH _____

FIELD OF STUDY _____ GRADUATION DATE _____

CURRENT DEGREE: _____ ULTIMATE DEGREE GOAL: _____

EMPLOYMENT INFORMATION

Employer	City and State	Position	From	To

EDUCATION INFORMATION

School	City and State	From	To	Course of Study	Degree

Annual IMCEA Conferences Attended

Regional IMCEA Conferences Attended

Year	City	Year	City

Military MWR/Services Courses

Year	Length	Branch	Course

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APPLICATION FOR MWR/SERVICES SCHOLARSHIP (Continued)

ASSOCIATION ACTIVITIES

	Specifics	From	To	Total Years
IMCEA National Membership				
IMCEA President				
IMCEA Officer	Position:			
IMCEA Director				
IMCEA Chapter Membership	Chapter:			
IMCEA Chapter Officer	Position:			
IMCEA Committee Chairman:	Committee:			
IMCEA Committee Member:	Committee:			
Sponsor of new IMCEA member	Member name:			
Published articles (at least 750 Words)	Publication:			
Featured Speaker (at least 30 minutes)	Event:			
Attendance at Chapter Meetings (0.1 point per meeting attended)				

COMMENDATIONS / HONORS

Organization	Specifics	Date Received

Remarks: List Published Articles, Speeches, etc.

Please attach a two-page, double spaced essay as follows: Each area of MWR/Services (clubs, bowling, golf, child care, libraries, et al) has its own distinct challenges and opportunities. Discuss how they might all work together to create synergy and enhance the mission of IMCEA.

Submit this to the Scholarship Committee along with your application.

You must also submit a copy of your current transcript from the college or university you are attending.

 Applicant Signature

 Date

For National Use Only: Accepted By: _____ Date: _____