



Phone: 717-243-7685 / Email: [Secretary@ipps.org](mailto:Secretary@ipps.org) / Website: [www.ipps.org](http://www.ipps.org)

## IPPS TRAVEL SCHOLARSHIP APPLICATION

Scholarship applicants must personally hold membership in IPPS and must be nominated by an IPPS member. Successful applicants will be expected to provide a written report to the International Board at the conclusion of the trip. Travel must occur within nine (9) months after an application is approved.

Signature of Nominating IPPS Member \_\_\_\_\_ Date \_\_\_\_\_

### Applicant Contact Information:

Complete Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Region of IPPS of which I am a member \_\_\_\_\_

Length of IPPS membership \_\_\_\_\_

Current Employment or Study in the industry \_\_\_\_\_

Indicate industry relevant training \_\_\_\_\_

### Support is Sought for the Following Travel:

Destination \_\_\_\_\_ IPPS Region \_\_\_\_\_

Planned Date of Departure \_\_\_\_\_ Length of Stay \_\_\_\_\_

Provide a detailed and specific description of why you wish to make this trip and how you will benefit

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Specify the area of the industry in which you hope to work during the trip and why

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Identify relevant businesses or universities you will visit during this trip (*continue list on back if necessary*)

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