

# **APPLICATION FOR SCHOLARSHIP FUNDING FOR CMSC MULTIPLE SCLEROSIS SPECIALIST CERTIFICATION EXAM**

The Consortium of Multiple Sclerosis Centers provides scholarships to MS professionals who request funding for the Multiple Sclerosis Certification Exam.

## **PRE-REQUISITES**

1. Applicant is requested to pay \$50 for part of the exam fee to be eligible for scholarship support.  
**\*\*\*Although you are applying for a scholarship, you must pay the full \$250 fee to Professional Testing Corporation when you register. If you are approved for a scholarship, a check will be made payable to you.\*\*\***
2. Applicant completes form for scholarship consideration
3. **Applicant submits a letter of support** (from employer, co-worker, faculty, etc.)
4. Deadline to submit for August testing period is July 1<sup>st</sup>. Deadline to submit for February testing period is January 1<sup>st</sup>.

Name \_\_\_\_\_

Title \_\_\_\_\_ Credentials \_\_\_\_\_

Clinical specialty group (*physician, nurse, OT, PT, etc.*) \_\_\_\_\_

Current Position \_\_\_\_\_

## **WORK**

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## **HOME**

Address \_\_\_\_\_

City, State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

How do you prefer to be contacted? [ ] Email [ ] Phone

How long have you been working with people with MS? \_\_\_\_\_ years

Are you a member of CMSC? [ ] Yes [ ] No

If you are not a CMSC member, are you a member of another MS related organization?  Yes  No

Name of organization \_\_\_\_\_

Amount of support (\$) requested \_\_\_\_\_

Completed by \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your application via fax or mail. You should receive a response within 30 days of receipt of your application.

Fax: (201) 678-2290

Mail: Consortium of MS Centers  
359 Main Street, Suite A  
Hackensack, NJ 07601

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**FOR OFFICIAL USE ONLY**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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\_\_\_\_\_

Decision \_\_\_\_\_

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