

**Application for ATD Florida Sun Coast CPLP Scholarship**

**2018**

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Phone** |  |
| **Address** |  |

**General Information**

|  |  |
| --- | --- |
| Are you a current member of ATD Florida SunCoast Chapter? |  |
| Are you a current member of ATD National? |  |
| Do you meet the qualifications to take the CPLP knowledge exam? |  |
| Please state your qualifications  Five (5) years of full-time professional work experience in the talent development or related fields; OR  Four (4) years of full-time professional work experience in the talent development or related fields AND one year of college or university study in talent development; OR  Have at least four (4) years of full-time professional work experience in talent development or related fields AND successful completion of an ATD Master Series program. | |
| Are you currently registered to take the CPLP knowledge exam? |  |
| When do you plan to take the CPLP knowledge exam? | 09/05/18-09/25/18  12/04/18-12/20/18 |

**Chapter Involvement**

|  |  |
| --- | --- |
| Have you volunteered this past year at the ATD Florida SunCoast Chapter? |  |
| Do you plan to volunteer with the ATD Florida SunCoast Chapter? |  |

Describe how you plan to become involved with the chapter.

**Professional Goals**

List your professional goals.

How will CPLP certification support your pursuit of your professional goals?

**Comments**

Describe anything else you think the judging committee should know about the pursuit of the CPLP certification

**Please attach your resume**