



Sacramento Valley Chapter of IFMA SFP Champion Grant

Date: _____

Applicant Name: _____

IFMA Membership Number: _____

Contact Phone Number: _____

Contact Email Address: _____

Contact Address: _____

Signature: _____

By signing this document, I acknowledge that I have read and understand the terms and conditions of the Sacramento Valley Chapter of IFMA SFP Champion Grant

Each grant, valued at \$1000, will be paid to a professional chapter member upon successful completion of the SFP under the following requirements:

Applicant must be a professional member.

Applicant must be a professional member of the chapter for six months from date of application, before application will be considered.

Applicant agrees to become a Sacramento Valley Chapter SFP Champion and must become fully knowledgeable about the SFP credential in order to share program requirements and benefits with other chapter members.

Each professional member/applicant may only be awarded one grant.

Grant will only be paid upon receipt of certification of SFP as supplied to individual by IFMA.

No more than three Grants will be awarded in a calendar year. Completion of the SFP does not have to occur in the calendar year the grant was awarded.

Please send completed applications via email to IFMA Sacramento at: ifma.admin@ifmasac.org



