



Greater  
Ozarks  
Chapter

**APPLICATION**  
**Terry A. Jones Award**

Name: \_\_\_\_\_

Date of application \_\_\_\_\_

CMA exam part passed:                      Part 1                       Part 2

Date exam passed: \_\_\_\_\_

Is your employer paying for the exam?    Yes                       No

Include a short essay about your career plans and how the CMA certification will help you with your career goals.

