



California Chapter, ASFMRA Scholarship Application for Designation Education

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

ASFMRA Member Status: Accredited Professional Associate
 Academic Affiliate

Course Applying for Scholarship: _____

Course Fees*: _____

**Scholarship Fees will be limited to ASFMRA Member Fee of \$629 per Course*

Course Scheduled Location: _____

Course Dates: _____

Have you taken this class before? Yes No

Are you self-employed / an independent operator? Yes No

1. If no, will your company pay for any or all of your education? Yes No

2. If yes, are you a partner in the company? Yes No

3. Are you pursuing a designation with this course? Yes No

4. If yes, which designation? _____

5. What is your time frame for pursuing this designation? _____

6. Please describe the work you do and why you are asking for this scholarship: (Cont. pg. 2)

6. Continued space for description:

7. In pursuing this designation, please list other courses that you have taken, the date taken and the location of the course.

Course	Date	Location

Signature of Applicant _____

Date _____

NOTE: Tuition will not be made for courses not required for an ASFMRA designation, repeat courses, audits or challenges.

Scholarship Committee Chair:

Julie Rose Gonsalves (559) 277-7474 Ext. 101
julie@c-x.com

Please return completed application to:

California Chapter, ASFMRA
P.O. Box 838
Woodbridge, CA 95258
info@calasfmra.com

<p>For Office Use Only:</p> <p>Date application received: _____</p> <p>Date submitted to committee for approval: _____</p> <p>Approved Denied (circle one)</p> <p>Comments and signature from Scholarship Committee:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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