



# California Chapter of the American Society of Farm Managers and Rural Appraisers

Post Office Box 838  
Woodbridge, CA 95258

209-368-FMRA (3672)  
FAX 368-3602  
www.calasfmra.com

## California Chapter ASFMRA Scholarship Application for Continuing Education Courses

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

ASFMRA Member Status:     Accredited     Professional     Candidate  
    Academic     Affiliate     Retired

---

Course Applying for Scholarship: \_\_\_\_\_

Course Fees: \_\_\_\_\_

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.  
(Space continued on page 2).

\_\_\_\_\_  
\_\_\_\_\_

California Chapter, ASFMRA Scholarship Application  
Page 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 \_\_\_\_\_

Please return completed application to:  
California Chapter, ASFMRA  
P.O. Box 838  
Woodbridge, CA 95258

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