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)

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

www.calasfmra.com
Post Office Box 838  |  Woodbridge, CA  95258  |  (209) 368-3672  |  FAX (209) 368-3602  |  info@calasfmra.com
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.

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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 (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

For Office Use Only:

Date application received: __________________
Date submitted to committee for approval: __________________

Approved        Denied        (circle one)

Comments and signature from Scholarship Committee:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Scholarship Application Rev_11.30.16