



## 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 (559) 277-7474 Ext. 101  
[julie@c-x.com](mailto:julie@c-x.com)

Please return completed application to:  
  
California Chapter, ASFMRA  
P.O. Box 838  
Woodbridge, CA 95258  
[info@calasfmra.com](mailto:info@calasfmra.com)

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