



## 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:

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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](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)

<p><b>For Office Use Only:</b></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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