



ARMA SCHOLARSHIP REQUEST FORM

Students or members of the San Antonio ARMA chapter may use this form to request scholarship funding for an eligible scholarship program ([See ARMA Scholarship Information](#)). Please complete form at least 1 month prior to event and submit to:

**ARMA Educational Committee
P. O. Box 18331
San Antonio, TX 78218**

ELIGIBILITY

- ❖ Applicant must be a member of the San Antonio ARMA Chapter or student pursuing career as a records manager and a resident of Bexar or adjacent county
- ❖ Applicant must submit a completed application form.
- ❖ Applicant must submit a written request for consideration.
- ❖ Applicant must submit an essay of at least 100 words describing how the requested course content is related to records management
- ❖ Applicant must submit current resume
- ❖ Applicant must submit a letter of recommendation from a supervisor, teacher, professor or other appropriate reference

AWARD

- ❖ The recipient will receive an award for up to \$500. This award may be used for:
 - College work directly related to records & information management
 - Seminars
 - Conferences
 - On-line Courses
 - Webinars
 - San Antonio ARMA Chapter Guest Lecturer/Speaker
 - Certification Exam Preparatory Classes
 - Monthly ARMA workshops/luncheons
- ❖ Notification of the scholarship award will be made upon approval by the Scholarship Committee, preferably one month prior to the event.

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PERSONAL DATA (Please type or print with ink.)

NAME _____	DATE _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
POSITION _____	
EMPLOYER/COLLEGE _____	
PHONE NUMBER _____	EMAIL _____

SCHOLARSHIP REQUEST

NAME OF ACTIVITY/EVENT _____	
DATE(S) _____	LOCATION _____
DESCRIPTION OF ACTIVITY: _____ _____	
OFFERED BY _____	TOTAL HOURS _____

ELIGIBILITY

SA ARMA Member	Yes _____	No _____	Dates of Membership: _____
Student:	Yes _____	No _____	School: _____

FINANCIAL NEED

TOTAL ESTIMATED EXPENSES (Include registration, travel, food, etc.) _____
Breakdown of anticipated costs (registration, travel, food, etc.): _____ _____
AMOUNT SPONSORED BY YOUR EMPLOYER FOR THIS ACTIVITY _____
REQUESTED SCHOLARSHIP AMOUNT _____

EXPRESSED INTEREST IN INFORMATION AND RECORDS MANAGEMENT

: Please attach an essay of at least 100 words describing how the requested course content is related to your career in records management.

CERTIFICATION STATEMENT

By submitting this application and attachments, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that falsification may result in the revoking or refund of any scholarship granted. I also understand and agree to the Scholarship Recipient Requirements and give my permission to use my name in any public announcement associated with my attainment of this ARMA scholarship.	
SIGNATURE _____	DATE _____

RECOMMENDATION/APPROVAL

ARMA Scholarship Committee Chair: _____	Date _____
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