

ARMA – The Information Management Professionals Wyoming Chapter

SCHOLARSHIP APPLICATION

Applicant must be currently enrolled in a WYOMING community college business-oriented course of study and must provide a transcript that shows successful completion of at least one 3-credit-hour course in records and/or information management. If currently enrolled in the records and/or information course, please provide a statement from the instructor indicating successful completion to that point in the semester.

Application Process:

1. Complete entire application. Selection of award recipient will be influenced by the completeness of replies and appearance (neatness) of the application.
2. Submit with the application at least one letter of recommendation from an instructor and a transcript showing successful completion of at least one 3-credit-hour course in records and/or information management. If currently enrolled in the records and/or information management course, please provide a statement from the instructor indicating successful completion to that point in the course.
3. Submit completed application by **April 1**.

Information submitted will be used only in connection with your application for this scholarship and will be divulged only to qualified persons who must see the information in the course of their duties.

Application Deadline: **April 1**

PERSONAL INFORMATION
Name
Current Address Street or P.O. Box City, State, ZIP
Permanent Address (If different from above) Street or P.O. Box City, State, ZIP
Current Phone Number
EDUCATION
Major course of study
Cumulative grade point average as of January 1, current year

Provide a brief statement (double spaced) of your future occupational and educational goals. Please limit your statement to 250 or fewer words.

ACTIVITIES AND WORK EXPERIENCE

List activities in which you have participated in high school and/or college.

Activity	Offices Held	Awards/Honors	Dates

List employment (including part-time and summer employment) you have held in the past four years.

Employer and Location	Position	Major Duties	Dates

List community activities and public service activities in which you have participated in the past four years.

Name of Agency or Organization	Kind of Activity	Awards/Honors	Dates

☐ By checking this box, I hereby certify the provided information is accurate to the best of my knowledge. I also certify that I will allow the Financial Aid Office at LCCC to release any information that is applicable to this application.

Date

Please email completed application to: Financialaid@lccc.wy.edu