

## Los Angeles RIMS Scholarship Application

Los Angeles RIMS supports continued education and development of individuals in the risk management and insurance industry. We are pleased to provide scholarships to assist in the cost of such education. For consideration, please return this application to: LA RIMS c/o Amber Ardizone, PO Box 10065, Burbank, CA 91510

***The information must be completed in its entirety in order to qualify for the scholarship.***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_

Work \_\_\_\_\_ E-mail \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Preferred method of contact (  ) Work (  ) Mobile

Does your employer provide financial assistance for continued education? If yes, please explain why you are requesting additional assistance?

\_\_\_\_\_  
\_\_\_\_\_

Name of designation or course being pursued (ARM, CRM, CPCU, CIC, CRMP, RIMS Fellow, etc.):

\_\_\_\_\_

Explain how you feel this designation or course will benefit your career: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Education/Certificates/Designations:

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Please tell us anything else you'd like to share.

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**Please provide the following materials (if applies):**

- ✓ **Completed Los Angeles RIMS Scholarship Application**
- ✓ **Proof of passing exam grade**
- ✓ **Receipt for course registration**
- ✓ **Receipt for study materials**
- ✓ **Proof your company will not reimburse for education**

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*For Board Use*

<input type="checkbox"/> Nominee has had a meeting with Director or Member.		Date _____
<input type="checkbox"/> Nominee reviewed by the committee.		Date _____
<input type="checkbox"/> Nominee proposed to the Board.		Date _____
<input type="checkbox"/> Board action	Selected      Not-Selected	Date _____