



ARMA New Brunswick Chapter
Claire Duclos Education Fund
Scholarship Application Form

Name:

Address:

City: Province: Postal Code:

Phone: Email:

Name of Institution:

Type of Enrolment: Full-time Part-time CRM Designation

Program Information

Program Enrolled In:

Program Major:

GPA or numeric average: **Please attach a copy of transcript.**

For Part-time Students Only

Total estimated cost of course: \$

Does your employer provide financial support? Yes No

Certified Records Manager (CRM) Designation

Have you been accepted by the ICRM? Yes No

How many exams have you completed?

How many exams do you plan to write? Total estimated cost : \$

Does your employer provide financial support? Yes No

I hereby apply for a scholarship offered by the New Brunswick Chapter of ARMA International and certify that all statements and information contained in this application package are true to the best of my knowledge. I also give the Chapter permission to use my name in public announcements associated with my attainment of a Claire Duclos Education Fund Scholarship.

Signature: _____

Date: _____

Please send your completed application form and supporting documents to Education@nbarma.org.