

RIM CONTINUING EDUCATION REIMBURSEMENT APPLICATION



11880 College Blvd., Suite 450, Overland Park, KS 66210 www.armaedfoundation.org

Applicant Information

Name _____

Address _____ City/Town/Village _____ State/Province _____ Zip/Postal Code _____

Phone: _____ E-mail Address: _____

Name of the RIM-related event for which you are seeking reimbursement. _____ Date of Event (mm/dd/yy) _____

Please indicate the amount you are requesting (e.g., USD, CDN, etc.): _____

Application Requirements

Note: No past awardees may apply.

Please include the following with your application:

1. Evidence of membership in ARMA International or another nationally or internationally recognized information management association.
2. Evidence that you are employed as a RIM professional – and have been for at least one year. Evidence of employment includes a letter, on official letterhead, from your supervisor acknowledging your position within the organization.
OR
Evidence that you are enrolled in an accredited college or university program leading to a RIM-related degree. Submit an official transcript indicating you have completed courses toward your degree during at least one semester and earned a minimum grade point average of B or equivalent.
3. A description of the RIM event for which you are applying for reimbursement, as well as how you will be participating (for example, as attendee, presenter, monitor, etc.). Preference will be given to individuals who are actively participating and to first-time conference attendees.
4. A one-page description of how participating in the RIM event will help you in your RIM education or career. (Only one page will be read and considered.)

Applicants are required to identify any relation to a current AIEF Board of Trustee member or AIEF Committee member. Are you related to any current member of the AIEF Board of Trustees or AIEF Committee? Yes No

If yes, please identify the Board member and your relationship to him/her:

Agree to the terms and conditions of the AIEF RIM Continuing Education Reimbursement award:

I certify that all of the information contained in my application form is accurate to the best of my knowledge. I consent to the review and release of this application to the appropriate persons of the ARMA International Educational Foundation.

Signature _____ Date (mm/dd/yy) _____

Applications are due no later than 4 weeks prior to the date of the event.

Submit all applications to: Linda Small
ARMA International Educational Foundation
11880 College Blvd., Suite 450
Overland Park, KS, 66210
Fax: 913.341.3742
E-mail: admin@armaedfoundation.org

Questions? Contact the above e-mail address or phone +1 913-312-5563.