



**APPLICATION FOR MASFAA MINORITY SCHOLARSHIP
TO THE RMASFAA SUMMER INSTITUTE**

Name: _____

Position: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

MASFAA Member since: _____ Years in FA: _____

Have you ever attended the RMASFAA Summer Institute before? _____ If so, when? _____

If awarded this minority scholarship, I agree to attend the RMASFAA Summer Institute and present a report to the MASFAA general membership at the next MASFAA Business Meeting. I understand that this scholarship will only cover the SI registration fee, which includes meals and dorm accommodations for the week. My institution must cover the cost for transportation to and from the Summer Institute location. If I am unable to attend SI, I understand that this scholarship must be returned in full to the MASFAA Treasurer.

Signature: _____ Date: _____