



## 2018 La ARMA Nostra Application

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please identify the certificate/certification for which you are seeking reimbursement:

Certified Records Manager (CRM)	Project Management Professional (PMP)
Information Governance Professional (IGP)	Certified Archivist (CA)
Certified Information Professional (CIP)	Other (please specify): _____

Is the certification for which you are seeking reimbursement your first professional certification? Yes No

### Application Requirements

*Individuals who have received any form Foundation funding within the past 5 years are not eligible.*

Please include the following with your application: :

- Evidence of being a current member in good standing of an information management related professional association (e.g., ARMA, AIIM, etc.).
- Evidence that you are employed as an information management professional *and* have been for at least one year. Evidence of employment includes a letter, on official letterhead, from your supervisor acknowledging your position in the organization.
- Current resume or Curriculum Vitae (CV).
- Evidence of successful completion of part or all of the certification since January 1, 2017 must be presented.
  - Weight will be given to applicants who are applying for reimbursement for their first professional certification.
  - Weight will also be given to a Certified Records Manager (CRM) certification, and then Information Governance Professional (IGP) certification over other certification programs.
- A two-page statement (double spaced, 12pt font) of how participating in the information management-related certification will help you in your education or career.
- Evidence of expenses incurred in pursuit of the certification. Expenses include application/exam fees, study materials, preparation seminar fees, etc.

## **Nepotism Statement**

Applicants are required to identify any relation (i.e., family or friend) to a current Foundation Board of Trustee member or committee member. A complete list of Foundation's Board of Trustees and committee members may be found here: <http://armaedfoundation.org/about/trustees-and-partnerships/>.

Are you related to any current member of the Foundation Board of Trustees or committee members? Yes      No

If yes, please identify the Board of Trustee or Committee member(s) and your relationship to him/her:

## **Agreement of Terms**

Agree to the terms and conditions of the La ARMA Nostra RIM Certification Reimbursement Application award:

I certify that all 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 Foundation.

Signature: \_\_\_\_\_ Date:

MM/DD/YYYY

**Application Deadline:** August 31, 2018 at Midnight (EST)

## **Submission Details**

All components of the application must be received by the deadline for the application to be considered by the evaluation committee.

The application and accompanying materials must be in English. Documents are accepted in Word or PDF format.

Documents may be submitted at the same time, as individual files, or as a single document in the order listed in the Application Requirements section. In the subject line of your email, please indicate "La ARMA Nostra Application – 2018".

Use the following naming convention for a single document submission:

Last Name\_First Initial\_Complete Application

Use the following naming convention for multiple document attachments:

Last Name\_First Initial\_Document Type

Examples:

Doe\_J\_Application

Doe\_J\_Certification

Doe\_J\_Essay

Doe\_J\_Expenses\_Fees

Completed applications may be emailed to: [dforce@armaedfoundation.org](mailto:dforce@armaedfoundation.org).

## **Questions?**

Contact the above e-mail address or phone +1 414-229-2792