

Kansas City Area Archivists Scholarship Application

Please type or print legibly.
(Use additional sheets if necessary)

Name: _____ Date: _____

Address: _____ Home / Office (circle one)

Telephone: _____ E-Mail: _____

Employing Institution: _____

Job Title: _____

Level of Education: _____ Major field(s) of study: _____

Other education in progress: _____

Previous Archival Training (check all that apply):

No Training Volunteer work On the job training Formal job-related training course
Undergraduate internship Graduate internship

Other: _____

Amount requested (up to \$250): _____

Have you already applied for any KCAA scholarship funds this fiscal year (July 1 - June 30) or in either of the past two fiscal years? Yes / No

If answer is Yes, please indicate:

Current year Amount(s) applied for: _____ Amount(s) awarded: _____

Last year Amount(s) applied for: _____ Amount(s) awarded: _____

Two years ago Amount(s) applied for: _____ Amount(s) awarded: _____

Are you current in your KCAA membership? Yes / no

Name of professional or academic reference _____

KCAA member? Yes / no Email address: _____

Event attending:

Link to event website (if available):

For what will you be using the requested funds (e.g. registration fees, travel, lodging, meals)?

How will you, your institution, or KCAA benefit from your participation in this requested activity?:

Annual Salary information (check one):

- Less than \$20,000 \$20-29,000 \$30-39,000 \$40-49,000
 \$50-59,000 \$60-69,000 \$70,000 and over

Exclusive of this request, what percentage of the cost of this activity will be paid for by:

You? _____ Your Employer? _____

Other Sources (identify) _____

Will your employer require you to use leave time to participate in this professional training or educational activity? Yes / No (circle one)

Please forward completed application, at least 30 days in advance of the proposed event, to:

Alex Welborn

awelborn@kumc.edu

History and Philosophy of Medicine

2025 Robinson, MS 1025

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Kansas City, KS 66160

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