



2021 Scholarship Application

Member Name: _____

Member Employer: _____

Home Street Address: _____

Home City, State, Zip: _____

Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email Address: Work _____

Home _____

Scholarship Assistance Requested for:

☐ KAHRMM Summer Session (June)

☐ Other, please specify _____

Requesting Tuition Cost of \$ _____

Have you already paid Tuition? ☐ Yes ☐ No

Are you a current AHRMM member? ☐ Yes ☐ No

Total Amount Requested \$ _____

Applicant's Signature

Application Date

Upon completion, email to Mike Morgan, President, at mmorgan@mcphosp.com or fax to 620-241-5612.

******To be completed by KAHRMM President and Treasurer******

☐ Approved ☐ Denied President's Signature: _____

Check Number: _____ Check Amount: \$ _____ Date: _____

Date Check Mailed: _____ Treasurer's Signature: _____