



# CFDD Salem-Albany Chapter The Capitol Credit

## Scholarship Application

**Seminar/Activity:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**How will this scholarship benefit your goals and job skills? Explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Economic Need:** Employer will not pay [  ]      Employer is willing to pay [  ]

**Signature:** \_\_\_\_\_

**Type initials if emailed:** \_\_\_\_\_

Submit scholarship to the Chapter Scholarship Committee:  
Lori Kimball, CBA, at [kimball@norpac.com](mailto:kimball@norpac.com)

Credit & Financial Development Division  
of the National Association of Credit Management