



# BOMA Nevada Scholarship Application

Name:  Mr.  Ms.  Mrs. \_\_\_\_\_  
(First / Last)

BOMI International ID Number (if applicable): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Type of Profession: \_\_\_\_\_

Mailing Address:  Business  Home  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Business: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

email address: \_\_\_\_\_

Please choose the BOMI International designation or certificate you wish to earn and for which you would like to receive a scholarship:

Designation:  RPA®  FMA®  SMT® / SMA®  RPA®/HP®  FMA®/ HP®

Certificate:  PAC  PMFP  FMC  SMC  HP

Are you at least 21 year of age?  Yes  No

Highest education achieved:  High School  Associate Degree \_\_\_\_\_  
 Some College  Bachelor Degree \_\_\_\_\_  
 Other \_\_\_\_\_

Number of years in profession: \_\_\_\_\_

List any honors, awards, or distinctions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any extracurricular activities (community service, personal, education): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Office Use Only	
Committee Reviewed Date: _____	Declined: _____
Awarded Date: _____	Reason: _____
Contacted Date: _____	_____
Class applied to: _____	_____
Date: _____	_____
_____ Director Signature	