



SOUTH CAROLINA
ARCHIVAL ASSOCIATION

Darrick L. Hart Endowment Fund Application

For Practicing, Employed, Student, or Volunteer Archivists

Name:

Mailing Address:

City: _____ State: _____

Zip Code: _____

Telephone: _____ FAX: _____

E-mail: _____

Name of Institution:

Job Title:

Level of Education:

Please specify the amount requested, said amount not to exceed
\$500.00. _____

How do you intend to use requested funds?

Do you expect to receive any additional financial support from your
institution? Please elaborate.

Please describe your current job responsibilities.

How will your attendance at this function enhance your archival education?

How will your attendance at this function benefit your institution?

Name and telephone number of supervisor or academic advisor:

By signing below, applicant agrees to use funding for the stated purpose. If unable to attend event, or if event is cancelled, funds must be returned to the South Carolina Archival Association.

Signature: _____

Date: _____

Mail to: Endowment Fund Committee, c/o SC Archival Association
8301 Parklane Road, Columbia SC 29223