



**SOUTH CAROLINA  
ARCHIVAL ASSOCIATION**

**Darrick L. Hart Endowment Fund Application**  
For Practicing, Employed, Student, or Volunteer Archivists

**APPLICANT INFORMATION**

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

Institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Job title: \_\_\_\_\_

Level of education: \_\_\_\_\_

**REFERENCE**

Name of current supervisor or academic advisor: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**QUESTIONNAIRE**

Please specify the amount requested, said amount not to exceed \$500.00: \_\_\_\_\_

How do you intend to use the requested funds?

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

How will your attendance at this function benefit your institution?

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

Describe your current job responsibilities.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E-MAIL COMPLETED APPLICATION TO: [president@scarchivists.org](mailto:president@scarchivists.org)**