



## ARID Scholarship Committee: Robert and Betty Steed Memorial Scholarship Fund

### History: Purpose of Scholarship Funds for National and State Certification Testing:

In 1991, ARID established the Scholarship Fund to assist individual ARID members defray the costs of RID certification testing. In 2010, the Scholarship Committee updated the scholarship criteria and procedures to reflect current tests, terminology and the ability to submit materials electronically. Approved by the ARID membership at the 12/4/10 GM Meeting, and printed starting with the *ARIDian News & Views*, 26(2) December 2010 Winter Holiday issue. In 2011, the Scholarship Committee renamed the scholarship and revised the eligibility criteria to expand the availability of funds to ARID members for any national and state certification tests. Approved by the ARID membership at the 12/3/11 GM Meeting, and printed starting with the *ARIDian News & Views*, 27(2) December 2011 Winter Holiday issue. In 2018, the ARID membership approved submission revisions at the 9/15/18 GM Meeting, and printed starting with the *ARIDian News & Views*, 34(1) September 2018 Fall issue. In 2020, the ARID membership approved adding Betty Steed, who passed away Jan. 14, 2020, to the title at the 3/7/20 GM Meeting, and printed starting with the *ARIDian News & Views*, 35(3) March 2020 Spring issue. In 2022, the ARID membership approved increasing the reimbursement up to \$225 at the 12/3/22 GM Meeting, and printed starting with the *ARIDian News & Views*, 39(3) March 2023 Spring issue.

### Purpose of Scholarship Funds for National and State Level Testing:

Scholarship funds are available to all ARID members in good standing for any national or state certification, or performance tests/assessments/screenings that include, but are not limited to: 1) the RID Performance Tests [NIC, CDI], 2) the EIPA Performance Assessment, 3) the Arkansas QAST Screening Tests [Levels 1-3 and Levels 4-5], and 4) the Board for Evaluation of Interpreters Certification Program (BEI), hereafter referred to as “tests.”

### Reimbursement Process:

It is the candidate’s responsibility to pay for any Application and/or Written Test fees for certification and/or state level interpreter tests. Reimbursement for performance tests **is up to \$225.00**.

### Eligibility Criteria:

Regardless of which test or assessment a candidate wishes to take, all candidates must first satisfy the following and be:

1. A current resident of the state of Arkansas.
2. A member in good standing of ARID for a minimum of two years.
3. A member in good standing of RID, Inc.

#### The RID NIC Performance Test:

- Pass the RID Written Exam.
- Possess a minimum of a QAST Level 2 or another RID or national certificate.

#### The EIPA:

- Pass the EIPA Written Test.
- Possess a minimum of a QAST Level 2.

#### The Arkansas QAST:

- Pass the Arkansas QAST Written Exam.

#### The BEI

- Pass the BEI Test of English Proficiency (TEP).

### Application Materials:

#### **I. Application Form**

1. Complete the form indicating your contact information, current membership status, credentials, degrees and the category for which you are requesting funds.
2. Submit a scanned copy of the current ARID membership card and a copy of last year’s membership card. (*If you don’t have a copy of last year’s membership card, check the box on the Application requesting verification with the ARID Membership Committee Chair*).

#### **II. Application for National RID Testing:**

- Submit a scanned copy of your current Arkansas QAST card (verifying QAST Level 2/2 minimum).
- Submit a scanned copy of your current RID membership status (verifying RID membership status).

#### **III. Application for EIPA Testing:**

- Verification of passing the EIPA documentation that verifies you passed the EIPA Written Test.

#### **IV. Application for Arkansas QAST:**

- Verification of passing the Arkansas QAST Written Exam.

#### **V. Application for BEI:**

- Verification of passing the BEI Test of English Proficiency (TEP)

### Electronic Application Process / Procedures for Reimbursement of Performance Test Fees:

ARID will only accept electronic submissions as part of its efforts to “go green” and all submissions must be complete and submitted as a Word.doc (scanned items can be in pdf or jpg formats).

1. As soon as you know your testing date, please submit the Application Materials, which include the Verification Form, via email to the Scholarship Committee at [aridscholarship@gmail.com](mailto:aridscholarship@gmail.com).
2. Present the Verification of Testing Form at the testing site to the Test Administrator for their signature.
3. Upon completion of a Performance Test, the applicant has seven (7) business days to submit the signed Verification of Testing Form via email to the Scholarship Committee at [aridscholarship@gmail.com](mailto:aridscholarship@gmail.com).
4. Upon receipt of signed Verification of Testing Form, the Scholarship Committee will inform the Treasurer to draft a check to the candidate for a reimbursement check.



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Application Form

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Cell \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Optional

Education / Training (list all degrees, if any; status if a current IEP student; otherwise why interested in testing)

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

Current Credentials (check all that apply; include certification and/or level)

None

RID  \_\_\_\_\_

BEI  \_\_\_\_\_

QAST  Level \_\_\_\_\_

Other  \_\_\_\_\_ (name and level)

Check the Test Category Scholarship Funds for which you are applying:

RID > NIC  CDI

BEI

EIPA

QAST  Level 1-3  Level 4-5

Other  \_\_\_\_\_ (name and level)

Check all that apply (please include scanned copies as attachments)

ARID Membership Card Current  Last year  Verify with Membership Chair

RID Membership Card Current  Not Applicable

QAST Card Current  Not Applicable

Other \_\_\_\_\_ (name and level) Current  Not Applicable



**Robert and Betty Steed Memorial Scholarship Fund**

**Verification of Testing Form**

**Robert and Betty Steed Memorial Scholarship Fund**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Cell \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Signature of the Test Administrator**

The Test Administrator verifies that the above candidate took the following performance test:

\_\_\_\_\_

Location - site, city, state

\_\_\_\_\_

Signature of Test Administrator

Date

\_\_\_\_\_

Name of Test Administrator (please print)

**Please check the Candidate's Test Category:**

RID       NIC       CDI

BEI

EIPA

QAST  Level 1-3       Level 4-5

Other  \_\_\_\_\_ (name and level)