



Seacoast Human Resources Association

Educational & Professional Development Scholarship Application

SHRA grants up to \$2,000 in scholarships each year. Applications are accepted during the months of February and March for a **March 31st deadline**, and September and October for a **November 1st deadline**. Applicants must be a member in good standing with SHRA and have attended a **minimum of four SHRA monthly programs** within in the past **12 months as of the date of this application**. A maximum of \$1,000 will be awarded each scholarship period and may consist of multiple awardees. SHRA members who meet the scholarship criteria may apply more than once but not more often than annually, based on the date of their last award. Priority will be given to first-time applicants. SHRA Board members are ineligible to apply. Any award is at the sole discretion of the SHRA Board of Directors.

Applicant Name: _____ Date: _____
 Employer: _____ Title: _____
 Mailing Address: _____ State: _____ Zip: _____
 Contact Number: _____ Email: _____

How many years have you been in the HR field? _____

What are your professional HR goals, and how would attaining a scholarship help you attain those goals?

How long have you been a SHRA member? _____

How many programs have you attended this year, or plan to attend this year (list months attended)?

Are you a SHRM member? Y / N ID Number: _____

Do you participate in any professional volunteer work? Y / N Please describe: _____

Are you interested in volunteering with SHRA? Y / N May we contact you? Y / N

Choose the scholarship category you are applying for:

- Annual membership to SHRM (student / professional)
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- HR-related college course work
- Other (i.e. seminar/conference/workshop)
- HRCI or SHRM exam prep course
- Purchase SHRM Learning System
- Registration, transportation, lodging fees for conference or other activity

Amount requested: _____

How will you use the scholarship? _____

When do you intend to use the scholarship money? _____

Is there any additional information you would like us to consider?

Signature of Applicant: _____ Date: _____

Please submit this application with your resume to tammys@averyinsurance.net. Completed applications must be received by the deadline referenced above for consideration. Proof of registration or payment will be required for a scholarship award to be paid. Scholarship funding must be claimed within six months of being awarded or will be forfeited by the awardee. Thank you!

FOR SHRA USE:

Applicant is current SHRA member ___Yes / ___No

Attended 4+ programs within past 12 months ___Yes / ___No

Verified by _____

Date: _____

Application and (___Registration / ___Proof of payment) submitted to Treasurer for payment: Date _____