

HRASM Annual Education Scholarship Application

APPLICANT INFORMATION

Name:		Email:	
Employer:		Job Title:	
Address:			
Work phone:		Cell phone:	
Are you a member of HRASM:		# of years:	
Are you a member of SHRM:		# of years:	
Describe involvement in HRASM/SHRM volunteer activities and/or any other volunteer activities.			
Please indicate what you are interested in using this scholarship for.			
Please indicate how this educational opportunity will further your development and position you to advance in the HR profession.			
Have you previously received a scholarship from HRASM? Previous applicants are eligible to reapply.			
In submitting this application, I certify that the information provided on this application and on my resume is accurate to the best of my knowledge. To receive the scholarship, I must provide HRASM with verification I have enrolled in course or conference. Scholarship funds must be utilized in the current calendar year.			
Signature:		Date:	