****

**SCHOLARSHIP**

**GENERAL GUIDELINES**

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

The Scholarship Fund is established to aid SHRM Columbus Area members, members of their Human Resource Department, and student chapter members in their endeavor to further their formal education in Human Resource Management.

**APPLICATION QUALIFICATIONS**

1. Applicant must be a SHRM-Columbus member or member of a student chapter or employed by the organization of the sponsoring SHRM member.
2. Applicant must be an undergraduate junior or senior, or a graduate student majoring in Human Resources or equivalent business-related field. (of an accredited college/university, including online)
3. Applicant must maintain a B average (3.0/4.0 GPA).
4. At the end of each term\*, the recipient must submit a grade report to the Scholarship Committee and provide proof of tuition payment.

**AMOUNT AND DISTRIBUTION OF SCHOLARSHIP FUNDS:**

1. The amount of the scholarship for SHRM Columbus Area or student chapter members is $500 per year to be disbursed in $250 increments per term\* for two terms\*.
2. The amount of the scholarship for Human Resources Staff employed by the sponsoring organization of a SHRM Columbus Area member is $250 per year to be disbursed in $125 increments per term for two terms.
3. The funds will be administered and disbursed by the SHRM - *Columbus Area* Chapter Treasurer.

**SCHOLARSHIP COMMITTEE**

1. The College Relations Committee Chair will coordinate and conduct Scholarship Committee meetings. The College Relations Chair serves as a non-voting member of the committee.
2. SHRM - *Columbus Area* Treasurer.
3. SHRM - *Columbus Area* Members (Two active SHRM - *Columbus Area* Chapter members who are not members of the Board, but are appointed by the Board of Directors)

**APPLICATIONS ACCEPTED AND AWARDS MADE:**

* All applications received by September 30th each year, will be considered for the next academic term\*.
* The Committee reserves the right to interview all candidates during the decision making process.
* For further information, contact:

**Amarylis West**

Chapter Management Professional
SHRM – *Columbus Area* Chapter

2022 15th Avenue
Columbus, GA 31901
(706) 649-6507 ext. 1204
(706) 256-3670 Fax
Email: SHRM@pilink.org



**MEMBER SCHOLARSHIP**

**APPLICATION**

SOCIETY FOR HUMAN RESOURCE MANAGEMENT - *COLUMBUS AREA* CHAPTER

2022 15TH Avenue

Columbus, GA 31901

*Please furnish all information requested. Failure to do so may result in delay in evaluating your application.*

*Also, attach official transcript(s). Providing a current resume is encouraged.*

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE NUMBER (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE NUMBER (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NATURE OF BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YEARS WITH FIRM \_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHERE ARE YOU PRESENTLY ENROLLED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASSIFICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF NOT ENROLLED, WHEN DO YOU PLAN TO ENTER?\_\_\_\_\_\_\_\_\_\_

WHERE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAJOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPECTED DATE OF GRADUATION \_\_\_\_\_\_\_\_\_\_\_\_CUMULATIVE GPA \_\_\_\_\_\_\_\_

MEMBER OF: SHRM-COLUMBUS? YES \_\_\_ NO \_\_\_ CSU SHRM STUDENT CHAPTER? YES \_\_\_ NO \_\_\_

LIST CIVIC AND PROFESSIONAL ACTIVITIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PROPOSED FIELD OF EMPLOYMENT AFTER GRADUATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE REASON FOR APPLYING FOR SCHOLARSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

(attach additional sheet if necessary)

ARE YOU RECEIVING OTHER FINANCIAL ASSISTANCE/TUITION REIMBURSEMENT FOR YOUR

EDUCATION? \_\_\_\_\_Yes \_\_\_\_\_No

IF YES, PLEASE LIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*My signature acknowledges that all information provided on this application and any attachments, is accurate. I agree to provide to the SHRM - Columbus Area Scholarship Committee evidence of registration in an accredited college and a copy of a grade report each term\*.*

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_