|  |
| --- |
| Central california shrm |
| Sons, Daughters, Grandsons and Granddaughters Scholarship |
| for CCSHRM Members |
|  |
| **DEADLINE TO APPLY:** |
| **3/16/2018** |

|  |
| --- |
| This scholarship is offered to CCSHRM members in good standing for their children and grandchildren who are enrolled, or planning to enroll full-time in an accredited post-secondary school. Priority is given to students in the first or second year of their program. Students currently enrolled in a post-secondary program must be in good standing with their institution. There is no restriction on the college major. Contact past.president@centralcalshrm.org for attention details. |

# http://www.centralcalshrm.org/wp-content/uploads/2012/10/CCSHRM_logo_2012.png

**SCHOLARSHIP APPLICATION**

**2018**

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** | **Date Completed** |
|  |  |  |  |
| **Permanent Mailing Address** |
| **Street:** | **City, State Zip:** |
|  |  |
| **Email Address:** | **Phone Number:** |
|  |  |

**SCHOLARSHIP AND UNIVERSITY INFORMATION**

|  |  |
| --- | --- |
| **Name of Central California SHRM Member:** | **Relationship to Member:** |
|       |       |
| **Name of College or University you are attending or planning to attend (do not abbreviate):** |
|       |
| **City:** | **State:** | **Type of Institution:** | **Anticipated Graduation Date:** |
|       |       |       |       |

**APPLICANT HIGH SCHOOL DATA**

|  |  |
| --- | --- |
| **Name of High School:** | **Expected Graduation Date:** |
|  |  |
| **Street Address:** | **City, State Zip:** | **Phone Number:** |
|  |  |  |

**CENTRAL CALIFORNIA SHRM MEMBER INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Last Name:** | **First Name:** | **Middle Initial:** |
|  |  |  |
| **Work Phone Number:** | **Mobile Phone Number:** | **Email Address:** |
|  |  |  |
| **SHRM Membership ID:** | **Length of CCSHRM Membership:** |
|  | **Years** **Months** |

|  |  |
| --- | --- |
| **CENTRAL CALIFORNIA SHRM committees served on and Board position(s) held:** | **Month/Year****From: To:** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**APPLICANT LEADERSHIP ROLES & COMMUNITY SERVICE**

List all of the leadership activities in which you have participated during the past four years (e.g., student government, club officer, board member). List all community activities in which you have participated without pay during the past four years (e.g., hospital volunteer, soup kitchen volunteer, Habitat for Humanity). Indicate whether high school or college activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **When?** | **No. of Years of Participation** | **Special Honors & Awards** | **Offices Held** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**APPLICANT ESSAY**

On a separate document write an essay stating your goals as they relate to your education and career objectives and attach it to the application. Essay word count: 250 min – 500 max.

**APPLICATION CHECKLIST**

In order for your application to be considered, the following items must be submitted by March 16, 2018

* Completed and Signed Application including attached Essay
* High School and College Transcripts (if appropriate).

**CERTIFICATION**

Central California Society for Human Resources Management (CCSHRM) has the sole responsibility for selection recipient based on criteria as set forth in the application information. This application becomes the property of CENTRAL CALIFORNIA SHRM. (It is recommended that you keep a copy for your records.)

Checking the boxes below serves as electronic signatures. By checking the boxes you certify the following:

I acknowledge the decisions of CENTRAL CALIFORNIA SHRM are final. I certify that I meet the basic eligibility requirements of the program as described in the application instructions and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information my result in the revocation of any scholarship granted.

Application Signature **[****[ ] ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Member Signature **[****[ ] ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**