



Academic and Certification Scholarship Application

Applicant Name	
Current Employer or School	
Current Position Title	
Certification, Course, or Event	
If a course, Start/End Date of Program	
If certification, Expected Test Date	
Cost of Program or Event	\$
Scholarship Amount Requested	\$
Will you receive or have you received other financial assistance, such as from an employer or school, that will be applied?	Yes or No If yes, amount of:
Provide a brief explanation of the certification, course or event you are pursuing.	
How will this scholarship help you accomplish your career goals in the Human Resources profession?	

Please include supporting documentation regarding the additional events or certification you are pursuing and the cost of the program. The scholarship application cannot be processed without the proper supporting documentation.

Applicant Acknowledgement

By signing this form, I understand and agree that I meet the Academic and Certification Scholarship guidelines, and I understand scholarship approval is based on West Central MN SHRM Board approval.

Applicant Signature

Date