

Scholarship Program Application

Here's an exciting opportunity for active CSHRA members to receive a scholarship award towards the cost of professional certification exams or training in Human Resources Management.

How do you take advantage of this scholarship offer?

- Complete the following application form and submit it to one of the Board Members at a monthly members meeting, via email, or mail to CSHRA, PO Box 26676, Colorado Springs, CO 80962
- Application deadlines are March 1 and October 1.
- Scholarships received must be used within 12 months of issue date. For example, if received March 1, 2019, it must be used between March 1, 2019 and March 1, 2020. If received November 1, 2019, it must be used between November 1, 2019 and November 1, 2020.

Qualifications for application:

- Applicant must be an active member in good standing of CSHRA at the time of the examination, training, and scholarship application.
- Applicant must be currently employed or have been employed a minimum of three years in a direct area of Human Resources.
- Applicant must submit the following application with required documentation by the application deadline.
- Are not receiving any organizational support or reimbursement from CSHRA.
- Each scholarship is a one-time scholarship.
- Scholarships are considered taxable income by the IRS. Applicants selected for scholarship will be required to provide a social security number or other tax ID. CSHRA will issue a 1049 for the tax year in which the scholarship is awarded.

O Decembe	er 1-January 31	0	May 1-June 30
		Years in curr	ent position
Professional Certification Designation:			
on / Association:			
Examination Title & Date:			
Examination Location & Cost:			
Training Program/Conference			
Training Organization/Association:			
Training/Conference Location & Cost:			
	tion Designation: on / Association: late: & Cost: onference /Association:	tion Designation: on / Association: eate: & Cost: oference /Association:	Years in current tion Designation: In / Association: Interest tion Designation: Interest tion Designat

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Please answer the following questions:		
Why do you seek this certification or training?		
What will this certification or training provide you in the area of Human Resources?		
How will you use this certification or training in your current positions?		
By signing below Iacknowledge I am applying for a scholarship with CSHRA and do hereby attest that the information contained within this application is truthful and accurate. I hereby give CSHRA permission to verify any and all information contained within this application. I understand that any misstatement or falsification of information contained herein can result in disqualification and will not be considered for scholarship.		
Signature	Date:	
OOLIDA D	H O-I-	
CSHRA Board Board	Use Only Date:	
Approval:	Date.	
Date Awarded:		