

# SCHOLARSHIP PROGRAM

## GUIDELINE FOR APPLICANTS

### TO THE APPLICANT:

This scholarship application must be used by any student wishing to apply for a Charlotte Area Society for Human Resources Management (CASHRM) Scholarship. Below is a detailed explanation of the program, outlining the criteria for qualification. Please follow all instructions to complete the application. There is additional information required to complete your application. Deadline for receipt of all applications and accompanying materials is **July 31, 2010**. Materials received after this date, will not be considered for a scholarship.

### TO APPLY FOR A SCHOLARSHIP YOU MUST MEET ALL OF THE CRITERIA BELOW:

#### CRITERIA

Applicants must be high school seniors, or undergraduate students already enrolled in college studying business or industrial/organizational psychology.

Applicants must have a cumulative **GPA of 2.5 on a 4.0 scale** through the **MOST RECENT FALL SEMESTER**.

Applicants must be dependent children of members of CASHRM. Dependent children include natural children, adopted children, or resident stepchildren. The qualifying parent must have been a member of CASHRM for a period of one year prior to January 1 of the year the application is made.

A winner will be selected each year based on financial need, academic achievement, extracurricular activities in school, and community involvement. Awards are based on requested information received from the application and accompanying back up materials submitted to the CASHRM Scholarship Program no later than **July 31, 2010**. This is a competitive scholarship program. Justification for recipient selection will not be released by the selection committee or any member of CASHRM.

The scholarship award is \$1000.00 for the **NEXT** academic year. Checks will be made payable to and mailed directly to the student's chosen institution and will be applied to tuition, fees, books, and room and board.

Recipients of awards may attend any public or private, accredited two-year or four-year college, university, or technical college located in the United States. Recipients must be enrolled as full-time undergraduates beginning with the fall semester of the year the award is made.

It is the responsibility of the student to notify the scholarship director in writing of any changes in plans for college. Failure to do so may result in loss of the scholarship

The CASHRM Scholarship is **NON RENEWABLE**. The award is for one year only. However, former recipients may apply.

# INSTRUCTIONS FOR COMPLETING THE APPLICATION:

1. Complete **ALL** required fields in this application.
2. Have your high school counselor or college registrar submit a copy of your TRANSCRIPT through the CURRENT FALL SEMESTER. (If you are a high school senior, your transcript must reflect your cumulative GPA through the CURRENT FALL SEMESTER, your SAT/ACT scores, and your rank in class.)
3. Have a high school teacher or college professor write a LETTER OF RECOMMENDATION on your behalf and submit it.
4. Submit a one page ESSAY. Please write a one-page essay explaining why you should be selected as CASHRM's scholarship recipient.

The application and accompanying materials must be submitted to the CASHRM Scholarship Program no later than July 31, 2010.

APPLICATION, BACK UP MATERIALS AND QUESTIONS MUST BE DIRECTED TO:

CASHRM SCHOLARSHIP PROGRAM  
P.O. Box 36156 Charlotte, NC 28236

Or they can be emailed to [michellewoodhouse@charlotteshrm.org](mailto:michellewoodhouse@charlotteshrm.org)

AFFILIATE OF



SOCIETY FOR  
HUMAN  
RESOURCE  
MANAGEMENT



## Scholarship Application

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Nick Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_  
(CASHRM may use your email address to contact you regarding you application)

Home Address (line one) \_\_\_\_\_

Home Address (line two) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Are you a high school senior? Yes or No (circle one) High School Name \_\_\_\_\_

Guidance Counselor Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

Guidance Counselor Email \_\_\_\_\_

Guidance Counselor Phone \_\_\_\_\_

Are you attending college? Yes or No (circle one) Name of College \_\_\_\_\_

College Class \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Registrar Name \_\_\_\_\_

Registrar Email \_\_\_\_\_

Registrar Phone \_\_\_\_\_

College You're Planning to Attend This Fall \_\_\_\_\_

Will you be receiving any other form of scholarship aid this academic year? Yes or No (circle one) \_\_\_\_\_

List the Name of Each Scholarship

List the amount of each Scholarship

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

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

List Academic Honors Received

\_\_\_\_\_  
List Leadership Activities

\_\_\_\_\_  
List Extracurricular Activities

\_\_\_\_\_  
CASHRM Member/Parent Name

\_\_\_\_\_  
CASHRM Member Since Date

\_\_\_\_\_  
By completing this application I certify to the best of my knowledge that the information I have provided in this application is accurate. I also give the Scholarship director permission to contact my school to verify the information provided in this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_