

LANCASTER COUNTY ASSOCIATION

FOR HUMAN RESOURCE MANAGEMENT

LCAHRM MEMBER ACADEMIC SCHOLARSHIP APPLICATION

Thank you for your interest in the 2008 LCAHRM Member Academic Scholarship Program. Please read this application carefully and follow all instructions. **APPLICATIONS MUST BE RECEIVED OR POSTMARKED BY MAY 2, 2008 TO BE CONSIDERED FOR THIS AWARD.**

Eligibility: One \$1000 scholarship will be awarded on an annual basis. Only individuals who hold a Professional or General membership with the LCAHRM are eligible to apply for this award. Applicants must be working at least 30 hours per week in a human resources capacity and must be actively pursuing either an undergraduate or graduate college degree in an HR-related field through an accredited institution of higher learning. Full-time, part-time, online and distance learning programs are acceptable. Scholarships are for college degree programs only and may not be used to attend professional development seminars or workshops. This scholarship is not a one-time award. Previous applicants and past scholarship recipients are eligible to re-apply.

Selection: The Scholarship recipient will be selected primarily based on merit. Applicants will be evaluated according to the following criteria:

- 70% Work Experience/Progression (HR involvement & future career plans)
- 10% Letters of Reference
- 10% Volunteer/Community Support Activity
- 10% Involvement with LCAHRM

Applications will not be returned and all decisions are final.

Timeline: Applications must be received or have a postmark date of no later than May 2, 2008. All applicants will be notified of their standing by phone or in writing no later than June 10, 2008 and the scholarship check will be received by August 31, 2008.

How to Apply: Return this signed application to LCAHRM along with all supporting documentation by May 2, 2008. Completed applications should be mailed to:

LCAHRM
Attn: Scholarship Committee
PO Box 8244
Lancaster, PA 17604-8244

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\$1000 ACADEMIC SCHOLARSHIP APPLICATION
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Applicant Name: _____

LCAHRM Member: YES NO

Length of LCAHRM Membership: 0 to 2 years 2 to 5 years 5 to 10 years 10+ years

Home Address: _____

Home Telephone: _____ Email: _____

Company: _____ Business Phone: _____

Position/Title: _____ Hours Worked/Week: _____

Name of College Institution: _____ Years Attended: _____

I have received a past LCHARM Academic Scholarship Award: YES NO

If yes, year: _____

Documents to Submit with this Application:

1. Brief essay in your own words why you are seeking this degree and how it will enhance your career. In addition please include how this scholarship will assist you in achieving your educational goals (maximum two typed pages).
 2. Updated/current copy of your resume.
 3. Copy of document confirming your enrollment in an approved course(s).
 4. Document describing your Volunteer/Community Support activities (please provide name of organization supported, role/type of support provided, date of support).
 5. Minimum of two and a maximum of five letters of reference (from individuals who can speak to your human resources skills and/or your leadership ability).
 6. Document describing the financial obligations you have as a result of pursuing this degree (e.g. how much of the tuition/college expense you are paying for directly versus other scholarships or employer tuition reimbursement monies you may receive.)
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Signature: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I agree to provide proof of information provided with this application, if requested. Falsification of information may result in termination of any scholarship awarded including an obligation to repay all funds disbursed. Once submitted, this application becomes the property of LCAHRM.

Applicant's Signature: _____ Date: _____

Return this application to LCAHRM with supporting documentation no later than May 2, 2008.