

LANCASTER COUNTY ASSOCIATION

FOR HUMAN RESOURCE MANAGEMENT

LCAHRM STUDENT SCHOLARSHIP APPLICATION

Thank you for your interest in the 2011 LCAHRM Student Scholarship Program. Please read this application carefully and follow all instructions. **APPLICATIONS MUST BE RECEIVED OR POSTMARKED BY APRIL 8, 2011 TO BE CONSIDERED FOR THIS AWARD.**

Eligibility: At least one \$500 scholarship will be awarded on an annual basis. Only graduating high school seniors or full-time college students that are the children or grandchildren of a current LCAHRM member are eligible to apply for this award. Students who reside in the home of the LCAHRM member and the LCAHRM has legal guardianship for are also eligible to apply for this award. Applicants must be actively pursuing either an associates or undergraduate college degree through an accredited institution of higher learning and must be enrolled in such a program prior to receiving this award. Scholarships are for college degree programs only and may not be used to attend professional development seminars or workshops.

Selection: Applicants will be evaluated according to the following criteria:

1. Demonstrated leadership ability/special awards & honors.
2. Volunteer and community service.
3. Letters of reference.
4. Evaluation of essay requirements.

Applications will not be returned and all decisions are final.

Timeline: Applications must be received or have a postmark date of no later than April 8, 2011. All applicants will be notified of their standing by phone or in writing no later than May 1, 2011.

How to Apply: Return this signed application to LCAHRM along with all supporting documentation by April 8, 2011. Completed applications should be mailed to:

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

LANCASTER COUNTY ASSOCIATION FOR HUMAN RESOURCE MANAGEMENT

\$500 STUDENT SCHOLARSHIP APPLICATION

Applicant Name: _____

Home Address: _____

Home Telephone: _____ Email: _____

Name of High School: _____ Year Graduated: _____

Name of College Institution: _____ Years Attended: _____

Major Declared: _____ Anticipated Graduation: _____

Are you related to a LCAHRM member? YES NO

If yes, name of member: _____

Relationship to member: _____

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 a college degree and the value you personally place on a college education (maximum one typed page).
2. Copy of document confirming your enrollment in an approved program.
3. Document describing your Volunteer/Community Support activities (please provide name of organization supported, role/type of support provided, date of support).
4. Document describing any special awards or honors you have received in or out of high school.
5. Minimum of two and a maximum of four letters of reference (from individuals who can speak to your educational commitment and leadership ability).

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 April 8, 2011.