



Seacoast Human Resources Association

## Educational & Professional Development Scholarship Application

SHRA grants **up to \$3,000** in scholarships each year. Applications are accepted during the months of February and the first half of March for a **March 15<sup>th</sup> deadline**, and September and October for a **November 1<sup>st</sup> deadline**. Applicants must be a member in good standing with SHRA. Scholarship awards will be up to \$500 per awardee. SHRA members who meet the scholarship criteria may apply more than once but not more often than annually, based on the date of their last award. Priority will be given to first-time applicants. SHRA Board members are ineligible to apply. Any award is at the sole discretion of the SHRA Board of Directors.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

How many years have you been in the HR field? \_\_\_\_\_

What are your professional HR goals, and how would attaining a scholarship help you attain those goals? \_\_\_\_\_

How long have you been a SHRA member? \_\_\_\_\_

How many programs have you attended this year, or plan to attend this year (list months attended)? \_\_\_\_\_

Are you a SHRM member? ☐ Y / ☐ N ID Number: \_\_\_\_\_

Do you participate in any professional volunteer work? ☐ Y / ☐ N Please describe: \_\_\_\_\_

Are you interested in volunteering with SHRA? ☐ Y / ☐ N May we contact you? ☐ Y / ☐ N

Choose the scholarship category you are applying for:

- ☐ Annual membership to SHRM (☐ *student* / ☐ *professional*)  
☐ Annual membership to SHRA (☐ *student* / ☐ *professional*)  
☐ HR-related college course work  
☐ Other (*i.e. seminar/conference/workshop*)

- ☐ HRCI or SHRM exam prep course  
☐ Purchase SHRM Learning System  
☐ Registration, transportation, lodging fees for conference or other activity

Amount requested: \_\_\_\_\_

How will you use the scholarship? \_\_\_\_\_

When do you intend to use the scholarship money? \_\_\_\_\_

Is there any additional information you would like us to consider? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this application with your resume to Lauren Nuzzi at [lnuzzi@communitypartnersnh.org](mailto:lnuzzi@communitypartnersnh.org). Completed applications must be received by the deadline referenced above for consideration. Proof of registration or payment will be required for a scholarship award to be paid. Expenses must be incurred within six months of the date of the scholarship award. Further, scholarship funding must be claimed within six months of being awarded or will be forfeited by the awardee. Thank you!

### FOR SHRA USE:

Applicant is current SHRA member \_\_\_\_ Yes / \_\_\_\_ No

Attended 4+ programs within past 12 months \_\_\_\_ Yes / \_\_\_\_ No

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

( \_\_\_\_ Registration / \_\_\_\_ Proof of payment) submitted to Treasurer for payment: Date \_\_\_\_\_

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Application and