



**The Dr. David F. Blank, Right Management
and
Human Resource Association of Broward County
Scholarship Program**

APPLICATION FORM

PLEASE TYPE OR PRINT ALL INFORMATION
EXCEPT SIGNATURES

**APPLICATION POSTMARK DEADLINE
- November 26th, 2018**

Dear Scholarship Applicant:

Thank you for your interest in the The Human Resource Association of Broward County (HRABC) Scholarship Program provided to help finance professional development and higher education for current members; and, higher education for children of current members and students that are current members of the Society for Human Resource Management (SHRM) student chapters affiliated with HRABC.

Applying for the Scholarship?

- ✓ The application must be e-mailed strictly by **November 26th, 2018**.
- ✓ A current complete official transcript is required for student applicants and must be submitted with the application.
- ✓ Résumé
- ✓ Review your completed application to ensure it is fully completed.
- ✓ YOU are responsible for providing all required information.

**APPLICANT
INFO**

<u>Last Name</u>	<u>First</u>	<u>Middle Initial</u>
<u>Permanent Home Mailing Address</u>		<u>Apartment #</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Telephone ()</u>	<u>Email Address</u>	

**HRABC
Member /
Parent /
Guardian
Info**

<u>Last Name</u>	<u>First</u>	<u>Middle Initial</u>
<u>Work Telephone ()</u>	<u>Email Address</u>	
<u>SHRM Member#</u>		

Transcript Information For Student applicants an official transcript of grades must be sent with this application. On-line transcripts and grade reports are not acceptable.

Application Checklist The applicant is responsible for submitting all materials to the HRABC College Relations Director on time. Incomplete applications will not be evaluated. This application is complete and valid only when the HRABC College Relations Director has received all of the following:

- HRABC Scholarship Application Form (signed in blue and scanned)
- Résumé (Word or PDF format only)
- Complete official transcript of grades from a four-year college or university (if applying as a student applicant-Scanned fully)

Deadline November 26th, 2018

All materials, including transcript, must be addressed to:

Lindsey Stephens
College Relations Director
HRABC Scholarship Program
E-mail to: lindseys@rawjuce.com

Certification Selection of award recipients will be made by the review committee established by the Board. The decision regarding the award of the scholarship is at the sole discretion of the HRABC Board Review Committee. The HRABC Board Review Committee decision is final and non reviewable.

I acknowledge decisions of the HRABC Review Committee are final and non reviewable. I certify that I meet the basic eligibility requirements of this scholarship program and that the information I have provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of the information I have provided on this form. I understand that falsification of information provided will result in termination of any scholarship granted.

Applicant's Signature _____ **Date** _____
