

About the Program

The PHRMA HR Assistance fund is meant to help current or future PHRMA members who are in financial need and whose employment organization's do not support funds for professional development.

Uses of Funds

Acceptable uses of funds would include PHRMA and SHRM Membership dues, HR learning opportunities including the SHRM Certification Study Group provided by PHRMA, HR Essentials course provided by PHRMA and other PHRMA developmental events such as the Strategic Management Conference and other programs.

Eligibility & Criteria

Your application will be reviewed against the following criteria:

- **Advancing the HR Profession & Professional (40%)**
 - Current HR professional/practitioner;
 - OR enrolled in an HR secondary education program or other HR certificate program;
 - OR desire to hold an HR position in the future (i.e. currently unemployed and actively searching for an HR role)
 - Explanation of how these funds will be used to help advance the HR profession or you as a professional.
- **Financial Hardship (40%)**
 - You must have requested these funds from your employer before requesting them through the PHRMA HR Assistance Fund.
 - Explanation of your financial hardship (i.e. unemployed, salary restrictions, etc...)
- **Membership & Volunteerism (20%)**
 - Current or aspiring PHRMA member (if aspiring, please explain)
 - Attended PHRMA events in the past
 - Explanation of how PHRMA has and/or will continue to support you in your HR career, advance the HR profession or served the community as a whole.

Funding of the HR Assistance Fund

The amount that is available for the fund is decided during the Board of Director's annual budget approval process and is available on a first come, first served basis. Additional funds may be approved by the PHRMA Board of Directors if deemed necessary. Only one financial assistance award will be awarded per person.

Applying for Financial Assistance

Complete the attached application and submit it along with a current resume that clearly confirms the information on the application. We ask that you provide us with at least 10 business days to review your application. You will be notified via email of the board's decision of your application. Your name and other contact or identifying information will be kept confidential and only the highest-ranking Board Members which make up the Executive Committee will have access to your application including PHRMA staff, President, Vice President, Past President, Secretary and Treasurer.

Request If Approved

We do ask that if your financial request is approved, you report back to PHRMA at a later date with how the funds were used and if applicable, the outcome of the funds use and what it did to advance your career in HR, the profession or the community.



Portland HR Management Association

☎ 503.655.6474

✉ HRFAF@portlandhrma.org

✉ PO Box 13515
Portland, OR 97213

www.portlandhrma.org

Portland HR Management Association
HR Assistance Fund
Application

Date:

Name:

Address:

City/State/Zip:

Email address:

Phone:

SHRM Member Email address:

Employer:

Title:

LinkedIn profile link:

Financial Aid Requested Amount:

Resume attached: Yes No
(required)

Financial Hardship

1. Have you exhausted all other opportunities for funds through your current employer?
Please explain:

2. Why are you requesting assistance through the PHRMA HR Assistance Fund?

Membership & Volunteerism

(Membership points are awarded for either current members, previous/aspiring members or attending PHRMA events in the past with priority given to current members. Volunteer points are awarded for either PHRMA volunteerism or other non-profit volunteerism with priority given to PHRMA volunteerism.)

1. Are you a current SHRM and PHRMA Member? If not, have you been in the past or do you aspire to be a SHRM and PHRMA member? Please explain:
2. How many years have you been a member?
3. Have you attended previous PHRMA events (please let us know the most recent event you attended)?
4. How has (or will future) PHRMA membership helped you in your career?
5. Have you volunteered with PHRMA? Please explain:
6. If not, are you willing to do so in the future? What might you be interested in doing?
7. Have you volunteered with other non-profit organizations in the past? Please explain.

By signing and submitting this application, you agree that all information submitted is true and accurate.

Signature:

Date: