

CRHRA SCHOLARSHIP APPLICATION

Please complete this application in its entirety. This application and all information given will be held in confidence with the Certification Director and the CRHRA Executive Committee. To ensure timely submission of payment to HRCI for qualified applicants, this form should be completed **at least 2 weeks** prior to the regular certification exam deadline.

All questions about this application and process should be emailed to the Certification Director:
Certification@CRHRA.org

Name Address

Best Phone Contact# Best Contact Time E-mail Address

CRHRA Member since (if less than 1 year indicate month)

Employment: (please check) Employed ___ Self-employed ___ Unemployed ___ Student ___

If employed, Name and Address of Employer: _____

Certification desired: _____ Testing Window Desired _____

Qualified & approved to take exam: Yes ___ No ___

If No, describe where you are in the process and your education and relevant HR Work

Experience: _____

Reason Seeking Scholarship – describe why funds are needed and what other sources for funds have been sought (if any) and results:

Funds requested \$ _____

Affirmation: I understand that should the requested scholarship funds for the cost of the certification exam be approved, I am expected to sit for the exam in the designated testing window. I also understand that any approved award is a onetime event. In addition, I understand I am expected to volunteer for a committee or event of my choosing within 6 months of receiving an award.

Name

Date

Please email completed application to: Certification@CRHRA.org

Certification Director Review & Decision: _____

Signature

Date

Executive Committee Review & Decision: _____

Signature(s)

Date

Scholarship Award \$ _____