



# SBSHRM, Inc. Scholarship Application

Postmark Deadline: October 29 of the current year



Mail completed application to:

SBSHRM, Inc.  
Attention: Scholarship Committee  
P.O. Box 966  
Melbourne, FL 32902

Student Chapter Member

Professional Member

## A. Personal Data:

Name: \_\_\_\_\_ SHRM # \_\_\_\_\_ Exp. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Scholarship recipients must provide SSN for tax purposes)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

## B. Academic Information

Name of College/University: \_\_\_\_\_

Address of College/University: \_\_\_\_\_

Program: \_\_\_\_\_ Major: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

Include the following with your application:

- One official** copy of your transcript in a **sealed** envelope
- Two professional/academic references
- One or two page typed resume
- Career objectives
- Letter from Employer (if employed) on letterhead stating there is no tuition assistance available
- Printed page from the college/university website you are attending with the accreditation
- \$ \_\_\_\_\_ Amount of Pell or other grants or scholarships received
- \$ \_\_\_\_\_ Current cost per credit hour
- \_\_\_\_\_ Hours attempted this term \_\_\_\_\_ Total hours completed



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5. Write a brief paragraph explaining why you should be considered for this scholarship.

*I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of information may result in termination of any scholarship awarded including an obligation to repay all funds disbursed.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_