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| --- | --- | --- |
|  | **Scholarship application** |  |

### TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

### Completeness and neatness ensure your application will be reviewed properly. Application postmark deadline January 15, 2021

**Dear Scholarship Applicant:**

Thank you for your interest in the El Paso SHRM Scholarship Program provided by the El Paso Society for Human Resource Management, “An El Paso **STAR**.” The program is administered by the El Paso SHRM Executive Board.

Every complete application received by the required deadline will be given a fair and careful evaluation. All information will be held in strict confidence by El Paso SHRM. Applicants will be notified by e-mail or telephone of the decision.

All applications become El Paso SHRM property and, therefore, cannot be returned.

**THINGS TO REMEMBER IN APPLYING FOR A SCHOLARSHIP:**

* The application postmark deadline is **January 15, 2020.**

* A letter of intent and current complete transcript is required and must be submitted with the application. Online transcripts and grade reports are not acceptable.
* Carefully review your completed application before it is submitted. El Paso SHRM reserves the right to process only those applications found to be complete by the application postmark deadline.
* YOU are responsible for forwarding all required information.

### APPLICANT

### DATA

### Last Name:       First:       Middle Initial:

Mailing Address:       Apartment #

### City:       State       Zip Code

Telephone (       )       -       E-mail Address

Scholarship/Certification [ ]  Sons and Daughters [ ]  Student Chapter Member [ ]  Military Member

(Choose one) [ ]  SHRM -CP Certification [ ]  SHRM – SCP Certification [ ]  El Paso SHRM Member

**SCHOOL INFORMATION**

Name and location of University. **Use official school names. Do not use abbreviations.**

###       City:       State:

Degree Type:

 Major or course of study       Expected graduation date: Month:       Year:

###


### SHRM Organization Affiliation

**El Paso SHRM and UTEP-SHRM Members Complete This Section**

Current Status

Membership Date:

**Sons and Daughters Applicants only**

### Parent’s Last Name:       First:       Middle Initial:

Work Telephone (       )       -       EPSHRM Member ID#

E-mail Address

High School Name:       Graduation Date: Month       Year:

### City:       State       Telephone (       )       -

Applicant is responsible for submitting all materials to El Paso SHRM on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when you have submitted all of the following materials:

**APPLICATION**

**CHECKLIST**

All materials, including transcript, must be addressed to:

**Scholarship Program
C/O El Paso SHRM**

P.O. Box 973072

El Paso, TX 79997-3072

[ ]  Scholarship Application

 [ ]  Letter of Intent

 [ ]  For Certification, indicate anticipated test window (Spring/Fall)

 **POSTMARK DEADLINE: January 16, 2020**

**CERTIFICATION** El Paso SHRM has the sole responsibility for selecting recipients based on criteria set forth in the program’s description. This application becomes the property of El Paso SHRM. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of El Paso SHRM are final. I certify that I meet the basic eligibility requirements of the program as described in the program description and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

 Applicant’s Signature Date

 Member’s Signature Date

 (If applicant is a child of an El Paso SHRM member)