

MVHRA Scholarship Application for PHR/SPHR Workshop Course

Applicant Name (Please Print): _____

MVHRA Member: Yes No SHRM Member: Yes No

Employer: _____

Business Phone: () _____ Home Phone: () _____

Business Address: _____

Current Job Title: _____

Business Email: _____

Home address: _____

Please Designate The Certification Workshop Scholarship You Are Applying For Below

WSU Workshop: Yes No **Edison Workshop:** Yes No

Please briefly describe your professional career experience and how the HRCI certification will help you achieve your career development and professional objectives:

Please outline the number of years you have been a MVHRA member, as well as your current and former involvement with the MVHRA (e.g., committee participation, promotion of the association, etc.):

Please provide any other information you feel is valid for the committee to consider:

Applicant Signature

Date

Please return your completed application to: vfmedaniel@egreeninc.com & mary.nissen@pkware.com

MVHRA Review Committee Action: Scholarship Awarded Scholarship Rejected

Comments: _____