



SCHOLARSHIP APPLICATION

For the 2009-2010 Academic Year

Please type or print very clearly.

Personal Data

Name: _____
Last First Middle Maiden

Anticipated Graduation Date: _____

2009-10 Status: *(What will your status be in the 2009-2010 academic year?)* __ Junior __ Senior

Current Address: _____
Street City/State/Zip Code

Phone Numbers (with area code):
_____ *Home*
_____ *Cell*
_____ *Work*

E-mail address: _____

Academic Data

Major(s): _____ Minor(s): _____

Degree(s): _____ Cumulative GPA: _____

Based on a maximum GPA of: _____

University/College	Dates Attended	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History (If Applicable)

Name of Current/Most Recent Employer: _____

Address: _____

Street

City/State/Zip Code

Dates of Employment: _____ to _____

Supervisor and Department: _____

Position: _____ Hours per week: _____

Job Duties: _____

Name of 2nd Most Recent Employer: _____

Address: _____

Street

City/State/Zip Code

Dates of Employment: _____ to _____

Supervisor and Department: _____

Position: _____ Hours per week: _____

Job Duties: _____

Briefly describe any relevant employment history. (*Attach a separate sheet if necessary*)

Briefly outline the following on a separate sheet.

Campus/Community Activities

Awards/Honors

Campus Activities/Offices Held
Community/Public Service Activities
Professional Activities

Scholarships Awarded and Years Received
Honors and Awards
Other Special Recognition

Essay

Please type this essay.

Attach an essay of **no more than 500 words** in length indicating how the knowledge and skills obtained from your major field would apply to a human resources career.

Any falsified information will immediately disqualify an applicant.
All information received will be treated with confidence.

Applicant's Statement of Accuracy: *I certify that the information provided in this scholarship application is accurate to the best of my knowledge. I also authorize the CLSHRM Scholarship Committee to verify all information contained herein.*

Signature of Applicant

Date

Please check this application for completeness.

Official Transcript(s)

Three Recommendations

Proof of Enrollment

(using the provided recommendation form)

Outline of Activities & Awards

Essay

**Return in one envelope on or before October 30, 2009 to:
CLSHRM Scholarship Chair - P.O. Box 1532 - Alexandria, LA 71309-1532**