



JSAHR
Jersey Shore
Association for
Human Resources

AFFILIATE OF
SHRMTM
SOCIETY FOR HUMAN
RESOURCE MANAGEMENT

Ann C. Edwards, SPHR Scholarship Application Form for the Children of JSAHR Members

Please complete the application by answering all of the questions and supplying the required documentation. Only completed applications will be given consideration.

Applicant Name: _____

Name of Parent Who is Current JSAHR Member: _____

Applicant's parent must be JSAHR Members for a minimum of one year prior to applying.

Home Telephone: _____ Cell Phone: _____

E-mail: _____

Home Address: _____

Name and Address of High School, College, University, Trade School, etc.:

Application Questions

Please complete the following three questions to the best of your ability.

1. Please write an essay on the following topic, **“With my education I will...”** The essay should not exceed two, double-spaced typed pages.

2. Please describe a volunteer experience you have had and the impact it had on you.

Print Applicant's Name: _____

3. Please provide a brief explanation of why this scholarship would be important to you:

Additional Documentation:

Please submit the following documentation to successfully complete the application process:

- *Two letters of recommendation - These should address the applicant's academic and extra curricular activities. These should be on official letterhead and include the individual's title.*
- *Proof of a 3.0 average based on a 4.0 scale or the equivalent.*

Certification: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I agree to provide proof of information provided with this application, if requested. Falsification of information may result in termination of any scholarship awarded including an obligation to repay all funds disbursed. If I win, I agree to have my name and/or photo used by JSAHR on the website, in printed materials, etc. This application and any documents submitted therewith become the property of JSAHR.

Applicant's Signature: _____

Date: _____

Please return this application with supporting documentation to JSAHR by the deadline:
Incomplete applications or those received after the deadline will not be considered by JSAHR.

Deadline: **??????????**
Winner Announced: **June JSAHR General Meeting**
Payment: **Payment will be made directly to the school. If Recipient has already paid school, payment will be made to the Recipient, provided proof of payment is shown.**

Submit To: Information will only be accepted in electronic format.
All information should be e-mailed to: **admin@jsahr.org**
Attention: Ann C. Edwards Scholarship Committee