**Human Resources Association of the Central Coast**

**HR Certification Scholarship Award**

**About the Scholarship**

The purpose of the HRCC HR Certification Scholarship Award is to promote and encourage those members of the HRCC who are pursuing HR certification. One or more scholarships of $1000 are awarded during the Spring of 2020 and again in the Fall of 2020.

**Eligibility**

* All HRCC members are eligible to compete for this award
* The HRCC member must be pursuing Associate Professional in Human Resources (aPHR), Professional in Human Resources (PHR), Senior Professional in Human Resources (SPHR) or International (SPHRi), Global Professional in Human Resources (GPHR), Professional in Human Resources-CA, (PHRca) or International (PHRi), SHRM Certified Professional (SHRM-CP) or SHRM Senior Certified Professional (SHRM-SCP).
* You plan to or have undertaken any of the above at some point during the year
* You have not applied for the HRCC Student Scholarship Award
* Prior HRCC scholarship recipients are not eligible
* Submittal of all documentation by **November 6th, 2020** for the Fall timeline.

**Criteria**

HRCC will look for an individual who is visibly committed to ongoing personal and professional development, specifically, an individual who strives for the highest standards of professional performance in Human Resources by obtaining their certification.

**To Apply**

Applicants must submit:

* A signed, completed application form
* A copy of the applicant’s current resume
* A copy of your test registration form
* Include a statement (no more than 500 words) describing your goals as an HR professional and how professional development will help you achieve them.

**Human Resources Association of the Central Coast**

**HR Certification Scholarship Application**

**Applicant Info:**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.:\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Certification Course Information:**

Certification Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Offered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant is responsible for submitting all materials to the HRCC Board of Directors by the application deadline of November 6th, 2020 for the Fall timeline. This application is complete and valid only when all of the items listed in the Eligibility Section have been attached and submitted. Incomplete applications will not be reviewed. Please email or mail application and all scholarship requirements to:

**Carla Silva, Vice President of Community Outreach**

HRCC Scholarship Program

C/O MGE Underground, Inc.

PO Box 4189

Paso Robles, CA 93447

Or email to:

**csilva@mgeunderground.com**

**Certification:**

Selection of award recipients will be made in November by the Review Committee established by the HRCC Board of Directors. The decision regarding the award of the scholarship is at the sole discretion of the HRCC Scholarship Review Committee. The HRCC Scholarship Review Committee decision is final and non-reviewable. Scholarships will be awarded at the June and November monthly HRCC meetings.

I acknowledge decisions of the HRCC Scholarship Review Committee are final and non-reviewable. I certify that I meet the basic eligibility requirements of this scholarship program and that the information I have provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of the information that I have provided on this form. I understand that falsification of information provided will result in my loss of eligibility.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_