



## **Human Resources Association of the Central Coast Louise Matheny Scholarship Fund**

### **About the Scholarship**

The purpose of the Louise Matheny Scholarship Fund is to promote and encourage those members of the HRCC who are furthering their education in Human Resources. Scholarships of \$1,000 will be awarded throughout the year.

### **Eligibility**

- All HRCC members are eligible to apply for this award
- The applicant must be actively continuing their education in Human Resources or pursuing a professional designation (PHR, SHRM-CP, etc.)

### **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.

### **To Apply**

Applicants must submit:

- A signed, completed application form
- A copy of the applicant's current resume
- 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 Louise Matheny Scholarship Fund Application

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**Applicant Info:**

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

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

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

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

Anticipated Date of Certification Test (if applicable): \_\_\_\_\_

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

The applicant is responsible for submitting all materials to the HRCC Board of Directors. 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 application and all scholarship requirements to [outreach@hrcentralcoast.org](mailto:outreach@hrcentralcoast.org).

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**Certification:**

Selection of award recipients will be made by the HRCC Board of Directors. The decision is final and non-reviewable.

I acknowledge decisions of the HRCC Board of Directors 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:** \_\_\_\_\_