



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 the academic achievement and preparation for the practice of Human Resources and help students financially attain the highest level of education possible. Scholarships of \$1,000 will be awarded throughout the year.

Eligibility

Applicants must:

- Be a student studying in an accredited program with a concentration in Human Resources at the undergraduate or graduate level, or enrolled in a certificate program affiliated with an academic institution and pursuing a career in Human Resources
- Have a minimum 3.0 GPA in your major, with a minimum, of 2.75 overall
- Have successfully completed 2 courses in Human Resources

To Apply

Applicants must submit:

- A signed, completed application form
- A cover letter which may include academic accomplishments, work accomplishments, community activities, and career goals
- Copy of unofficial transcript or proof of current GPA
- A confidential letter from a professor or faculty member with whom the applicant has completed one course



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

Applicant Info:

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

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.

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:** _____
