



RRHRPA SCHOLARSHIP APPLICATION

The Rock River Human Resource Professional Association is pleased to offer a \$300 scholarship to an applicant who meets the following criteria:

- College Freshman, Sophomore, Junior or Senior in the fall of 2013
- Reside in Whiteside, Lee, or Ogle Counties or surrounding communities
- Major/minor in Business with emphasis in Human Resources
- Participation in extracurricular activities

To apply, complete the information below and return this form with the additional requested information to:

Kathryn Snow
 Sauk Valley Community College
 173 IL Rt. #2
 Dixon, IL 61021
snowk@svcc.edu
 fax -815-835-5210

Application deadline: November 15, 2013

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First Name *Initial* *Last Name*

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Address *City* *State* *Zip* *County*

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Name of College Currently Attending

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Address of College Currently Attending
City *State* *Zip* *Telephone #*

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Major *Minor* *GPA*

Student Status as of 9/1/13

Freshman

Sophomore

Junior *Senior*

Please attach a document summarizing the following:

1. Why you have selected a Human Resources related field.
2. Academic honors you have received while in college.
3. Extracurricular activities that relate to Business or Human Resources Management.
4. Civic involvement, volunteer efforts, non-paid work for service organizations or related activities.
5. Non-academic honors you have received.
6. Work history - elaborate on any Business or Human Resource Management related positions.
7. List three (3) personal or professional references including name, address, and phone number.
Please list professors, employers, or leaders from volunteer organizations (if possible).

I hereby certify that the information I have provided in this application is true and accurate to the best of my knowledge. I am fully aware that if the Rock River Human Resource Professional Association (RRHRPA) discovers that I have intentionally provided false information, RRHRPA may reject my application. I assign from any and all liability for the decision made regarding the scholarship award and for their use of information gathered to confirm the responses that I have entered on this application. I authorize the organizations and persons listed on this form to release information regarding the entries and likewise hold the organizations and persons harmless for their provision of the same. I understand that the RRHRPA award decision is final and that there is no method of appeal and that continuation of the Scholarship Program from year to year is at the discretion of the Board. I understand that I may be requested to provide proof of my continuing education.

Applicant Signature _____

Date _____

