**RRHRPA Scholarship APPLICATION 2024**

|  |  |  |
| --- | --- | --- |
| 1. | Last Name: | First Name: |
| 2. | Mailing Address: Street:City: State: Zip: | |
| 3. | Daytime Telephone Number: (  )  Email Address: | |
| 4. | Date of Birth: Month Day Year | |
| 5. | Cumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_  (On a 4.0 scale)  Attach proof of GPA. Your most recent school transcript is required. | |
| 6. | Name of High School/College attending: | |
| 7. | A. List any academic honors, awards, and membership activities while in school: (Use a separate sheet if  necessary.)  B. List your hobbies, outside interests, extracurricular activities, and school-related volunteer activities: (Use a  separate sheet if necessary.)  C. List your non-school sponsored volunteer activities in the community: (Use a separate sheet if necessary.)  D. List your work activities: (Use a separate sheet if necessary.) | |
| 8. | College, University or Technical School to be attended:  Location: | |
| 9. | Have you been accepted to your College, University or Technical school of attendance yet? | |
| 10. | Field of Study:  Major/Minor: | |

### STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient my picture may be taken and used to promote the RRHRPA Scholarship program. (Recipient may waive photos due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, it is my responsibility to remit to RRHPA the appropriate information for my scholarship to be paid directly to my academic institution for the 2024/2025 school year.

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

Please mail or email complete package to:

Rock River Human Resource Professional Association

P.O. Box 962

Dixon, IL 61021

Or Email: rrhrpa@gmail.com

**For RRHRPA Scholarship use only:**

**Checklist:**

**\_\_\_ Completed RRHRPA Scholarship Application and Signed Statement of Accuracy**

**\_\_\_ Essay**

**\_\_\_ At Least One Letter of recommendation**

**\_\_\_ High School or College Transcripts**