Ohio Society Healthcare Human Resources Administrators (OSHHRA)

SCHOLARSHIP APPLICATION
Ohio Society Healthcare Human
Resources Administrators (OSHHRA)

SCHOLARSHIP PROGRAM APPLICATION

NAME: ___________________________ PHONE NUMBER #: (_____ ) ___________

ADDRESS: ________________________ CITY: ___________ STATE: ___________

ZIP CODE: ___________ UNIVERSITY ATTENDING: _______________________

Are you currently in a Human Resources Program? No_____ Yes_____
Are you receiving funding from any other source? No_____ Yes_____
If yes, describe the type of funding: ________________________________

Briefly state your future goals and how they would enhance your Human Resources career.

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Why should you be selected for the Scholarship Program?

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Is there any other information that you would like to provide to the Scholarship Committee to help in the decision-making process?

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___________________________________________________________________

Signature: ___________________________ Date: ______________________
SCHOLARSHIP REFERENCE LETTER

Name of Applicant: ____________________________________________________________

Name of Person Supplying Reference: __________________________________________

Relationship to the Applicant: ___________________________ Date: ____________

Please comment in the space below on the applicant’s likelihood of successfully completing their education for the Ohio Society Healthcare Human Resources Administrators (OSHHRA) Scholarship Program (please include any information on what type of student, type of employee, positive attitude, cooperative, able to timely complete work on assignments, goal oriented or any other comments that would be helpful to the Scholarship Committee):

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