



SBSHRM, Inc. Academic Scholarship Application

Postmark Deadline: December 1 of the current year

Mail completed application to:

SBSHRM, Inc.
Attention: Scholarship Committee
P.O. Box 966
Melbourne, FL 32902

A. Personal Data:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Social Security Number: _____
(Scholarship recipients must provide SSN for tax purposes)

Employer: _____ Work Phone: _____

Employer Address: _____

B. Academic Information:

Name of College/University: _____

Address of College/University: _____

Program: _____ Major: _____

Anticipated Graduation Date: _____

C. Include the following with your application:

- ◇ One official copy of your transcript in a sealed envelope
- ◇ Two professional/academic references
- ◇ One or two page typed resume
- ◇ Career objectives
- ◇ Letter from Employer (if employed) on letterhead stating there is no tuition assistance available
- ◇ Printed page from the college/university website you are attending with the accreditation
- ◇ \$ _____ Amount of Pell or other grants or scholarships received
- ◇ \$ _____ Current cost per credit hour
- ◇ _____ Credit hours attempted this term
- ◇ _____ Total credit hours completed

D. Write a brief paragraph explaining why you should be considered for this scholarship.

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of information may result in termination of any scholarship awarded including and obligation to repay all funds disbursed.

Applicant's Signature: _____

Date: _____